

THE PSYCHIATRIC QUARTERLY SUPPLEMENT

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CONTINUING VALUES OF PSYCHIATRIC SOCIAL WORK IN A CHANGING SITUATION*

BY MARY-ELLEN HAYES

We are at present faced with a national emergency which has manifold aspects, both known and unknown. This is a time of stress and anxiety, when present changes and future uncertainties make for a general feeling of insecurity. None of us can be sure just what will happen in a few months time, and social workers, like the rest of the population react with anxiety to the fear of the unknown. Social workers cannot, however, tolerate the existence of anxiety for any extended period of time, for they know that their professional competence rests upon objective understanding of the problems they face, and upon a sureness of touch in dealing with these problems. They know that their professional adequacy can be seriously disturbed by vagueness, uncertainty and apprehension.

Many social workers have, therefore, sought to appease their vague apprehensions by learning, in concrete terms, what it is they will have to meet. For once the unknown becomes defined and familiar, its fear producing power is lessened. From reports of experience in the last war and information about the effect upon individual lives of the present national and world upheaval, it is possible to clarify knowledge and reduce the unknown area considerably.

Let us, then, review briefly the psychiatric implications of the present and future situation.

From a recent report prepared by the American Psychiatric Association we learn the following:

1. The number of psychotic and neurotic breakdowns, due to the present stress in this country is small.
2. Just now there is more concern and anxiety than actual behavior disorder, and this concern and anxiety has not yet reached a serious pitch.
3. In the last war there was little actual increase in the incidence of psychoses in the army. It was found that this incidence can be curtailed by careful selection of men, and that the therapeutic methods indicated do not differ from those used in ordinary times.
4. During the last war there was a definite increase in psychoneuroses in the army, particularly anxiety states and hysterias.

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5. Psychoneurotic conditions directly connected with situations of extreme danger, responded readily to simple forms of psychiatric treatment, particularly if treatment was initiated immediately. Treatment in this type of case was not so prolonged or intensive as in peace-time neuroses; and a large proportion of wartime psychoneurotic patients maintained their recoveries.

6. Breakdowns generally occurred in predisposed individuals or in those who had been in situations of extreme danger.

7. This war differs from the last in the fact that civilians as well as soldiers are exposed to suffering and extreme danger. Sufficient material has not yet been collected to indicate whether civilians will differ from soldiers in type and incidence of mental and emotional disorders.

8. Breakdowns are fewer when the general morale is high.

After even such a slight review of available information, we come to see that the main unknown factor is the probable reaction of the civilian population in a time of increasing stress. And yet even here, it seems reasonable to suppose that there will be some parallels with the experience of the armed forces in the last war.

We can, then, anticipate an increase in certain types of emotional disorder both in and out of the army. However, these are disorders with which psychiatric social workers are already familiar through their clinical practice. In addition, we must expect to see general anxiety and insecurity which does not reach the point of actual breakdown. Again, these are reactions which all social workers meet daily as they work with people who are struggling to meet tragedy in the form of family conflict, unemployment, or physical or mental illness within the family.

Psychiatry has progressed considerably, in the last 25 years, both in the understanding of human motivations and in the development of therapeutic methods. And social work, too, has made great strides, particularly in the application of psychiatric concepts to individual case work. Through clinical experience, and from the contributions of psychiatry, social workers have learned that individuals react to crises in accordance with certain laws of human behavior, and that these laws hold true, whether the crisis is a personal or a social one.

Our anxiety is finally allayed when we realize that the future does not threaten us with vague unknown situations, that instead we can anticipate much that is familiar. For the effect of the present crisis upon the people who are our professional concern will differ in degree and extent rather than kind. Even in its all-inclusiveness, the present situation has familiar aspects, for have we not recently weathered a similar world-wide social upheaval, the depression?

Once we have clarified for ourselves what we, as professional workers, are about to face, the next step is examination of our methods of meeting crises. With increased problems to meet, and a public which has become accustomed to turning to social work for reassurance and support, it is imperative that we maintain balance, security and self-confidence. For it is only by recognizing our own adequacy to deal with this situation that we can hope to lessen the fears and uncertainties of our present and future clients.

It would be possible at this point to continue with a general theoretical discussion, or to list some of social work's "tried and true" techniques, at the risk of repeating much familiar material. It is, however, traditional in this field to draw material from actual case studies. So the writer proposes to present several case analyses, in the hope that this process will serve to clarify some of the basic concepts and skills one can depend upon, even in these troubled times.

These cases are not specifically related to the present emergency, but they do represent human reactions to tragedy. Study of such cases should be valid, if we are to continue our belief in the generic quality of case work.

• • •

Mrs. Brown had had a great many disappointments in her life, but she never lost faith in her ability to meet trouble adequately until her 21-year-old daughter, Vera, developed a severe mental illness. From a superficial point of view, Mrs. Brown's behavior toward Vera and toward the hospital could be considered extremely annoying. She telephoned the hospital frequently, demanding definite information and recommendations. She asked to be assured that Vera would recover completely and become a brilliant, capable person, able to have a successful career. She expressed a desire to help Vera, but wanted very concrete suggestions. She seemed more interested in Vera's career than in Vera, and once said she would rather Vera died if she could not completely recover.

During the first few months the psychiatric social worker gave to Mrs. Brown considerable explanation of the hospital treatment and also suggested that, without an outstanding career, Vera might still live a happy and useful life. But Mrs. Brown did not seem to understand, and repeatedly asked the same questions.

As her condition improved, Vera began to spend week-ends at home. But she complained that her mother "watched her like a hawk," followed her everywhere, did not trust her, and continued to supervise her activities in detail. Vera thought her family did not believe that she was on the road to recovery. She was not, at this time, completely well, and soon she became discouraged by her family's suspicions and attempted suicide.

Mrs. Brown blamed the hospital for Vera's attempt, saying that Vera's condition had not been accurately interpreted to her. Soon after this, Vera handed in notice to leave the hospital and only remained upon her mother's frantic insistence.

We know in retrospect that this was the turning point in Vera's life. Her basic difficulties were concerned with conflicts about breaking her dependent tie to her mother, and about making a heterosexual adjustment. She had tried to escape from the necessity for solving these problems, first by her psychosis, next by the suicide attempt, and finally by trying to leave the hospital where, if she remained, she would have to face and discuss these conflicts which seemed to her too difficult to solve. Thwarted in these attempts to escape, and helped positively by medical and psychiatric treatment, she showed steady improvement from this time on. In six months time, she was able to go home and now, a year after discharge, she is making a good social and employment adjustment for the first time in her life.

No small factor in Vera's recovery was the eventual improvement in Mrs. Brown's understanding and behavior, and hence in family relationships. It happened that shortly after the suicide attempt the case was transferred to a second worker. Benefiting by the experience of the first worker, and acting upon the general principle that one must understand individuals before one can help them, the worker at first abstained from all advice and interpretation. Instead, she encouraged full expression of feelings and ideas. Mrs. Brown responded with a wealth of material, for she was a person of intelligence and verbal facility. In addition, she was under tremendous emotional strain. Before long it became clear that Mrs. Brown was suffering from a profound reaction to her daughter's illness. She had been thrown into such a state of confusion that she had lost all sense of faith in herself, and was looking desperately for something certain to cling to. It was this need which drove her to insist on having definite information. She did not recognize her need herself until she had shared with the worker her tortured thoughts. She felt that she alone was to blame for Vera's illness, that she had neglected Vera from birth, that she was not in any way suited to be a mother, and should never have had any children. She also believed that she should have recognized the early symptoms of poor adjustment, and that she would then have been in a position to arrange for treatment, and, thus, would have prevented the breakdown. It is interesting to note that it was not until she had gone over all her confusion, and finally came to recognize that she felt excessively guilty, that she revealed for the first time information which might point to the hereditary nature of Vera's illness.

The first step in the case work process, then, was encouraging Mrs. Brown to explain fully her attitude, her fears, and her confusion. The worker helped her by questions and by reformulations of what Mrs. Brown herself had said. During this period, Mrs. Brown developed a strong positive feeling toward the worker, and was then able to use her relationship with the worker to provide the security she so urgently needed. Next, she was helped to handle her own behavior by following the worker's advice as to how to handle concrete situations. For Mrs. Brown was so afraid that she would "do the wrong thing" that she inevitably did. After a few months, she stopped asking for this kind of help. She had learned to identify with the worker sufficiently to imagine what the worker's advice would be in a concrete situation. Next came the realization that she could not trust her own impulses because she tended to be over-anxious, and she described vividly her almost compulsive rituals which were utilized to negate anxiety. During this period, she felt as if she were constantly under a strain; and she was at ease only in interviews, where she could express her confusion freely. When, over a period of months, she found that by controlling her impulsive behavior consciously she could help in Vera's struggle to become independent, the feeling of strain decreased.

Now, after 16 months of slow progress, Mrs. Brown has developed a new pattern of behavior toward Vera, which she can at last carry on consistently with very little support from the worker. Mrs. Brown's character remains the same, for she is still a neurotic person. But now, she knows that her impulse to control Vera was not based upon Vera's best interests, as she used to think, but was a method of satisfying her own drives. She knows that this impulse to dominate interfered with Vera's attempts to grow up, and that Vera actually gets along much better when "left alone." Mrs. Brown made these discoveries herself, but with the help of the worker who was also trying to understand, and whose point of view Mrs. Brown could take on, after she had lost faith in her own.

This is a very condensed account of a long, slow case work process. But it serves to remind us of the following general concepts.

1. People cannot understand or accept intellectual explanations while they are involved in an acute emotional upheaval.
2. People can accept new ideas through identification with an individual for whom they have genuine respect.
3. Change in behavior, and a resulting change in family relationships is possible, even though the fundamental personality problems remain the same.
4. Information given by a person who is under an emotional strain is often inaccurate or incomplete, but may be spontaneously corrected later.

• • •

A rather different process was carried on with Mrs. Gordon, because she was a different person. She, too, reacted with extreme confusion and a feeling of guilt to her daughter's illness. In her case, her reaction was evident in her behavior rather than expressed in words, for she was less intelligent and less articulate than Mrs. Brown.

One of the main factors in the development of 15-year-old Marjorie Gordon's severe obsessive-compulsive neurosis had been the mother's apparently unreasonable and impulsive vacillation between over-indulgence and outbursts of cruelty. When Marjorie's acute symptoms developed, Mrs. Gordon's confusion manifested itself in an exaggeration of this ambivalent attitude, and in addition she developed some vague somatic symptoms.

When encouraged to explain herself in words, Mrs. Gordon responded with a vast confusion of details and with circumstantial accounts of Marjorie's recent behavior. She never learned to draw general conclusions, nor did she develop any intellectual insight. Mrs. Gordon also asked for concrete advice, and put great effort into following even the simplest suggestion. After six months, she was finally able to carry through a consistent plan in just one area. She gave Marjorie a regular but limited weekly allowance and was firm about it, despite Marjorie's demands for more. Next Mrs. Gordon, herself, discovered the importance of telling Marjorie the truth. Finally, she gave up trying to control the behavior of other members of the family toward Marjorie. Each of these steps was achieved with great effort on Mrs. Gordon's part, and with constant approval and support from the case worker. As Marjorie herself improved, as a result of psychotherapy, and as Mrs. Gordon succeeded in becoming less indulgent, the impulse to cruelty subsided.

After 18 months of weekly interviews, Mrs. Gordon suddenly discovered that she had at last regained confidence in herself, and that as a result she could be relaxed in Marjorie's presence, instead of feeling constantly confused and worried. This, of course, was helpful to Marjorie as well as to the mother. Mrs. Gordon cannot explain clearly in words what formerly was wrong and how she came to change. But a study of the total case process shows that Mrs. Gordon, too, depended upon the worker when she was too confused to think for herself; and through following the worker's concrete suggestions, she experienced success. What Mrs. Gordon said was that she "understood better and learned to look at things differently." Her somatic symptoms had disappeared several months previously.

This case illustrates a great many points, particularly when contrasted with the previous one. But we can consider here only a few of the most outstanding implications.

1. When people show evidence of excessive guilt we know that some latent conflict has become reactivated. Although, as in this case, we cannot always discover the real source of guilt, the treatment-approach utilized must take into account the fact that the client is struggling with his inner conflict as well as with the external situation.

2. Somatic symptoms without a known physical basis are sometimes additional evidence of a psychic conflict. With the help of psychiatric consultation, the increase or decrease of such symptoms can be used as an index of a person's current condition.

3. People are sometimes able to learn through actual experience what they cannot grasp in intellectual terms.

* * *

When Jonathan was 23 years old, he suddenly developed acute attacks characterized by heart palpitations, a feeling of tension and apprehension, fear of dying and diffuse somatic complaints. During the following 18 months, these attacks became increasingly severe, until he finally entered the hospital where his illness was diagnosed as anxiety hysteria. After 10 months intensive medical and psychiatric treatment, Jonathan was discharged as improved.

At this time, the doctors had grave doubts as to the possibility of Jonathan's making an adequate social adjustment. Although he had recovered from the acute phase of his illness and had gained some insight, he was essentially an extremely dependent, infantile person, inclined to irresponsible behavior. However, the social worker was asked to do what she could to help in the post-hospital adjustment. There was some evidence that with a great deal of encouragement Jonathan might be able to develop acceptable behavior.

Jonathan's difficulty was based upon his resentment of his complete rejection by both parents. The father, a high-strung, domineering, self-centered person with a violent temper, had kept the household in a constant turmoil. The mother, also self-centered, was an inadequate person who protected herself by ignoring the real situation. The three older brothers had also developed mild emotional difficulties, but managed to emancipate themselves from the situation and to make fairly adequate adult adjustments. Jonathan, unfortunately, had a twin sister who was a favorite with the parents, and to whom he had been unfavorably compared all his life.

Although he had not developed outstanding difficulties during childhood, and had succeeded in completing high school, Jonathan's behavior from about the age of 18 had subjected him to increasing criticism from his fam-

ily. He never kept a job longer than three months and always expected his father to supply spending money. When this was refused, Jonathan stole money and jewels from the family, and sometimes took the family car without permission.

While under treatment, Jonathan developed sufficient understanding to recognize that his attacks were originally related to his lifelong emotional response to parental quarrels. The psychiatrist considered that Jonathan's strong unconscious antagonism toward his father was intensified by family scenes to an unbearable extent; and, thus, anxiety attacks were precipitated. His first acute attack followed the death of one of his father's friends; and Jonathan had many dreams, during treatment, of his father being severely injured.

Jonathan did not want to leave the protected environment of the hospital, which partially satisfied his desire for childish dependence. He insisted that return home meant the return of his illness. He was frightened by the idea of attempting to live an adult life, and by the necessity of being constantly exposed to family quarrels.

As was anticipated, his symptoms did return, but in milder form. Jonathan and other members of the family telephoned the case worker almost daily for the first week, and Jonathan, at least, gained some temporary reassurance from her repeated statements that he was suffering from a temporary reaction.

Perhaps the only hopeful sign at this time was the fact that Jonathan never gave in to his impulse to enter a hospital. Instead, he moved in, for four months, with a sympathetic neighbor.

The case work approach was a consistent one which combined an acceptance of the validity of Jonathan's inner and outer difficulties, with constant encouragement to overcome them. It was a tedious process, for Jonathan was easily discouraged. He blamed his family and frequently insisted that they must do the changing. But after interviews with the worker, Jonathan felt more optimistic. For the worker, unlike others in Jonathan's environment, gave him constant approval and encouragement instead of criticism and blame. Each small step of progress was noted; and Jonathan responded by discovering, first, that he could participate in recreational activities without anxiety and, later, that he could work a full day without recurrence of panic.

During the first six months, no attempt was made to help Jonathan develop a better understanding of his difficulties. By the end of this time, he was able to live with his family, had carried an increasing number of small odd jobs, and was receiving a small weekly allowance from the local family agency. He was then told that he was ready for regular work; and some

simple interpretations were given of his continued conflict with his family. At first, he rejected the idea that because he had been denied security and affection in childhood he was now trying to perpetuate his illness in order to punish his parents and at the same time extract attention from them in the form of financial support. Soon after this, however, he began to be more agreeable to his family, and admitted that perhaps the explanation did have meaning for him.

From this time on, the worker gradually withdrew from her supporting rôle, although Jonathan still received encouragement for his efforts and assurance that he would continue to progress. Of his own accord, Jonathan transferred his contacts to the worker at the family agency. She was more accessible from the point of view of distance; she was able to help him concretely with suggestions on employment; and she, too, maintained an attitude of constant encouragement. A year after his discharge, Jonathan obtained a full time position as automobile salesman, and moved out of the family home. He has now held this position a year, and he continues to return to the worker at the family agency for occasional advice and approval.

Jonathan's case provides us with an exaggerated picture of a "predisposed individual." The seeds of his acute illness were present throughout his life. Although his attacks were mainly precipitated by his presence during family quarrels, it seems likely that his precarious adjustment might even now be seriously disturbed by any situation which would subject him to emotional strain. It is interesting to note that even after his hospitalization his family were encouraging him to enlist in the army. They hoped that army discipline might "make a man out of him." Fortunately this plan did not appeal to Jonathan.

Translated into brief terms, one may learn from this case that:

1. When the disturbance is a severe one, and related to problems both within and without the individual, a combined psychiatric and case work approach is imperative, if the individual is to achieve an adjustment.
2. The more severe the disturbance, the more complete information we need to come to an understanding of the meaning behind unreasonable behavior. In such a case frequent psychiatric consultation is needed.
3. A simple, consistent treatment plan which is based upon clear understanding of the total problem, may eventually bring results, even though little progress is evidenced at first.

* * *

For two years a succession of misfortunes fell upon the Stewart family. Mr. Stewart was in the hospital with a serious illness when the mortgage on the house was foreclosed. Soon, Mrs. Stewart developed an acute mental

illness; and her husband left the hospital before the end of his convalescence in order to care for her. She spent most of a year in hospitals before she recovered. Mr. Stewart was out of work, and the family was completely dependent upon relatives when Mrs. Stewart returned home. Just as she was making plans to get the family together again, Mrs. Stewart had to undergo a major operation. Finally, as, with the help of a family agency, the Stewarts were at last moving into their own apartment, Mr. Stewart began to drink increasingly and to express unfounded suspicions of his wife's fidelity.

Among the many real problems Mrs. Stewart discussed with the psychiatric social worker during this time, was the changed behavior of Beatrice, the 16-year-old daughter. Previously an agreeable, well behaved girl, Beatrice had become impudent and disobedient. She stayed out late with undesirable companions and frequently criticized her parents at length. She objected when she was asked to help with the housework and complained that she was tired of wearing made-over clothes and of showing gratitude to relatives. She was smoking excessively and given to outbursts of temper.

It seemed likely that the series of family tragedies had been too much for Beatrice, and this assumption was confirmed by Beatrice herself. She told the worker that she was quite aware that her behavior was distressing to her parents, but she felt so upset about the whole situation and so discouraged about the future that her "feelings ran away with her." She was desperately anxious for her father to obtain work. This seemed to her the only possible solution, but Mr. Stewart was making less and less effort to find employment.

When Mrs. Stewart first became ill, Beatrice had been placed in the home of relatives. There were, in this household, five adults; and each one gave Beatrice different instructions. She tried to please them all, but found this impossible, and felt desperately confused. At the time she kept her feelings to herself. This was such an effort that she finally felt unable to speak. She heard someone tell her parents to be careful or she, too, might have a "nervous breakdown." She decided then that it was bad for her to keep everything to herself. Gradually she began to be more outspoken, until finally she was expressing herself constantly and without regard for the feelings of others.

Beatrice felt that she was too young for all the burdens she had to carry, and that her parents should be taking care of her instead of subjecting her to constant unhappiness. She had been particularly distressed when her mother, in a fit of anger, said she wished she had never had a daughter. It was bad enough to have so many troubles, without hearing her mother's constant complaints, when there was nothing Beatrice could do to help. To

avoid this, Beatrice stayed away from home as much as possible. Only when she was having a gay time with friends of her own age, was she able to escape the constant anxiety about the future.

Beatrice knew that her rebellion complicated the situation at home and that she precipitated frequent arguments by speaking so freely. But she feared that she would be worse off if she kept her feelings to herself. She could not admit it at first; but she was clearly afraid that she, too, might develop a mental illness.

At the suggestion of Mrs. Stewart's psychiatrist, Beatrice was offered an opportunity to attend camp. At first she was too worried about the family to go away; but she did accept the camp plan later, after the family had moved into its own apartment.

Beatrice returned from camp after two weeks, on the plea of homesickness. To the worker she confided the truth. She had recognized her father's developing symptoms and felt that she should be at home helping her mother. Nevertheless, she discovered that two weeks away from the turmoil of home had given her time to gain perspective. She no longer felt alternately listless and angry. Mrs. Stewart, too, reported great improvement in Beatrice's behavior. She was coming in on time and voluntarily helping with the housework. She was also going with a more acceptable group of friends.

Here we see that:

1. A young person who is fundamentally healthy may show a behavior reaction to excessive strain.
2. If the problem is due to environmental stresses, rather than to internal conflict, even a short period of removal from the situation may provide relief.

* * *

Let us now review briefly the general principles, basic to psychiatric social work, which are illustrated by this small group of cases.

In the first place, we see that the understanding of human behavior with which we are now equipped, enables us to evaluate the complicated pattern of attitudes and experiences which lies behind the overt behavior of the persons we aid. But since each individual differs, we need considerable explanation from each in word or act, before we can attain sufficient understanding to be helpful.

Second, when the picture has become clear, we can make an estimate of the relative importance of inner and outer strains, and then relieve these strains for a sufficient period of time to enable a person to utilize the strength and understanding he may have.

Third, we have seen in these cases that persons may be assisted to improved social adjustment by means of the case work process, even though their basic characters remain unchanged.

Fourth, and this point has been implied throughout, true understanding requires, in addition to technical knowledge, the skillful use of the professional relationship. Unless a person is comfortable in his relationship with the case worker, and has confidence in her knowledge and skill, he cannot reveal himself to her or accept help from her. Patients are just as curious about the case worker's attitudes as she is about theirs, and just as sensitive to her reactions. They can only have faith in a case worker who gives evidence of real skill, real knowledge, and real sensitivity.

All of these principles are pertinent today. A general increase in concern and apprehension, and probably some increase in psychoneurotic disorders, means increased dependence upon just such concepts. It will be important, for instance, to distinguish between behavior reactions which result directly from external events, and disorders in predisposed individuals who cannot tolerate external pressure. There will be times when the environment is unfortunate but unchangeable. It will then be our function to support, encourage and educate our clients to the end that they may mobilize sufficient strength to meet their increased problems and responsibilities. Case work methods are, of course, individualized, but the writer has no doubt that our future clients will have much in common with Mrs. Brown, Mrs. Gordon, Jonathan and Beatrice.

In conclusion, may the writer say that if psychiatric social workers wish to make the greatest possible contribution in these unsettled times, we need not only to recognize our adequacy, but also to face frankly our ignorance and attempt to remedy it? The writer, for one, hopes that the increased pressures of the future will stimulate us to formulate clear distinctions between facts and guesses. The great lack in our field, as the writer sees it, is the almost complete absence of effort to organize our knowledge in scientific terms, and then to attack the unknown areas on a research basis. Case analyses such as have been presented today are sometimes helpful, but never conclusive. The writer hopes that the time is not far away when research in case work will be feasible on an organized basis. Then we will have fewer doubts about our contribution in times of crisis, and expend less energy in propounding hypothetical theories.

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USES OF WASTE MATERIAL*

BY VIRGINIA SCULLIN, O. T., Reg.

The term "waste materials" is really a misnomer. Ordinarily, such things are on the way to becoming "wasted materials."

Because of our great surplus and extravagance as a nation, we have disregarded the real and intrinsic beauty and value of many of the substances which automatically go into the dump heap and trash can. To salvage these materials and to reappraise them, is one of the interesting duties that goes, hand in hand, in the practice of occupational therapy with its salvaging of human waste in mind and energy.

Already, due to the national emergency, many so-called waste materials are becoming scarce or are essential for war work. More and more war demands are encroaching upon the occupational therapist's scavenging priorities. Therefore, it will be necessary to alter previous requirements and find new ways to adapt the knowledge and experience of occupational therapists to changing needs and available materials.

Techniques and materials are the tools of the occupational therapists who are trained to adapt these skills for the benefit of the patient. They are interested in anything that will establish a contact with reality for the patient and gain for him a sense of security and achievement. Variety in activities, a greater knowledge of techniques and vast assortments of materials are at the disposal of the occupational therapist in proportion to her training, experience, innate adaptability and enthusiasm.

Craft techniques and materials in their original form are often not usable for large groups of patients, as they involve too much instruction, supervision and expense. Most of the techniques, however, may be simplified and adapted to cruder materials which give not only the interest and joy of creation to the patient but develop the ingenuity and originality of the therapist.

It is desirable to have the best possible equipment in a classroom, and certain essential materials are necessary. However, a well trained therapist, having knowledge of basic techniques and the appreciation of the limitations of materials, can have confidence and a feeling of independence under any conditions. The writer feels that an occupational therapist who does not take advantage of waste materials which can be found in her institution or which can be accumulated by donations from the community, is losing the

*Read May 1, 1942, at the Tri-State Occupational Therapy Institute of Pennsylvania, New Jersey and Delaware at Elwyn Training School, Elwyn, Penn.

opportunity of enriching her own possibilities for development and is lacking one of the most adaptable, flexible, and economical means of treatment for her patients.

The use of salvaged material is therapeutic from the standpoint of the psychological effect of the pleasure of creating something useful and sometimes beautiful from virtually nothing. The apprehension of spoiling or losing material is no consideration when planning projects to be made of waste matter. Very often, this is not so when using new and expensive mediums.

"Necessity is the mother of invention." It is inspiring to work with waste materials and to plan and adapt projects from them. The finished articles are bound to be original and are often most unusual, interesting and pleasing. In planning, one should always observe the limitations of the material and respect the textures and fitness in adapting salvaged matter for use. The character and the dignity of the finished articles depend on the suitability of the material from which they were designed. One must beware in this improvising not to "torture" the materials thus producing a "bird's nest" type of project. This product of poor planning could not possibly produce the feeling of pride or accomplishment in a patient and would be of interest only in a Ripley "Believe It or Not" exhibit.

A great wealth and assortment of materials may be found in salvage, and nothing suggestive or usable should be discarded or allowed to go to waste as long as there is storage space to take care of it. A piece of colored print, a shred of silk, a bit of wire, an odd box, are all grist of the mill. Let the material suggest its use, in order to emancipate the design from a stereotyped, conventional motif to a revitalized project.

In mental hygiene, it is recognized that satisfaction is achieved by a patient in the accomplishment of something praiseworthy. One also knows that a patient gains confidence in himself by well-doing and loses confidence in himself by continuous failure. Therefore, it is necessary that all projects be planned to satisfy this instinct for achievement. Work should always be graded to the capacity of the patient, and a patient should never be permitted to do a task that is too difficult or that is discouraging to him. A poorly finished piece of work is inexcusable and not good occupational therapy.

In brief, the writer would say that the benefits from the use of salvaged materials are threefold—benefits to the patient, to the therapist and to the institution.

The patient is benefited therapeutically because of the satisfactory accomplishment and achievement of something useful and well planned from practically nothing. The flexibility, variety and quantity of materials en-

able the grading of the technique to the requirements and the capacity of the individual patient, from the most elementary steps in preparation to the finely finished projects, with each step planned for satisfaction and for therapeutic value.

The therapist is benefited by utilizing waste material, in the development of her ingenuity, originality and independence. Projects may be planned without fear that material be destroyed or lost, and finished articles are original and unusual.

The economic value is always subsidiary to the therapeutic aspect of the work. Nevertheless, the institution benefits economically because the waste materials used therapeutically are turned back to the hospital in usable articles such as rugs, runners, pillows, ornaments and furniture. A greater number of patients can be supplied with occupation and kept busy under O. T. supervision on wards as well as in O. T. centers. The morale of the hospital is helped by the industry of the patients, and there is a marked lessening in laundering, as well as in the destruction of property. Also, there are fewer injuries and better adjustment on the wards due to the direction of destructive tendencies of patients into constructive activity.

The following is a list of salvaged materials which the writer might suggest could be found in any institution to a greater or lesser degree:

SALVAGED MATERIALS

Storehouse

- Burlap bags
- Packing boxes
- Onion bags
- Canvas coverings
- Cheese boxes
- Wire butter tub hoops
- Barrel hoops
- Tea matting
- Broom handles (condemned)
- Meat skewers
- Bamboo sticks from shipped rugs
- Apple boxes
- Dried fruit boxes
- Tea boxwood

X-ray Department

- Plates (old-X-ray)
- Cardboard for mounting

Clothes Room

- Condemned dresses
- Condemned private clothes
- Condemned patients' socks
- Condemned blankets
- Condemned sheets
- Wrapping paper (old)
- Flour bags

Sewing Room and**Tailor Shop**

- Scraps of material
- Spools
- Suiting

Mattress Shop

- Scraps of ticking
- Scraps of strong dress material and restraint sheets
- Rubber sheeting

Metal Shop

- The scrap barrel of metal
- Condemned metal plates and cups
- Old construction iron

Paint Shop

- Dried paint in cans
- Broken glass

Carpenter Shop

- Scrap barrel of wood
- Old nails
- Sandpaper
- Old window blinds
- Scraps of linoleum

Drug Store, Fire House, Storehouse

- Cardboard containers to decorate

Laundry

- Ironing board canvas and padding scraps
- Old partly burned canvas in large pieces

Housekeepers

- Covered jars
- Bottles
- Boxes
- Magazines
- Discarded clothes

Donations (outside of hospital)

- Seraps of silks, cottons, velvets and wools
- Costume material
- Upholstery material
- Laces, bindings, braids and beads
- Odds and ends of yarns and embroidery cottons
- Stockings
- Old metal fixtures, etc.
- Old felt hats
- Old sewing machines without heads
- Old furniture
- Cellophane
- Cigar boxes

Salvage (bought or donated)

- Underwear material
- Remnants
- Looper clips
- Swatches
- Wallpaper sample books
- Test dye skeins and swatches
- Cardboard commercial window dressing
- Felt seraps
- Leather seraps

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A COMPARISON OF THE REVISED STANFORD L AND THE BELLEVUE ADULT INTELLIGENCE TEST AS CLINICAL INSTRUMENTS

BY FLORENCE HALPERN

A primary need of the psychologist in the busy mental hygiene clinic or hospital is for valid tools which are not too time consuming. Two new tests have been published in the past three years, namely the Revised Stanford and the Bellevue Adult Intelligence Test. This paper is an attempt to evaluate these tests as clinical instruments, both from the point of view of time requirement and the value of the results obtained.

The study was made with 133 patients who attended the mental hygiene clinic of Queens General Hospital. Each patient was tested with the Revised Stanford L and with the Bellevue Adult Test. The patients were divided into four groups; Group A, 37 patients, aged 10 to 14; Group B, 55 patients, aged 15 to 24; Group C, 23 patients, aged 25 to 34; Group D, over 34 years old, with the average chronological age for this group 40.4 years.

The testing was generally completed in one day, though occasionally a few days elapsed between the administration of the first and second tests. Since all the tests were given by one examiner, the author, the question of different tempo in different examiners does not enter here in any measurement of time. The speed of presentation and recording may be considered constant.

The instant the first question was presented to the patient, a stop watch was started; and as the last response was recorded, the watch was stopped. Thus the total time for the examination proper, exclusive of the time needed for such matters as getting personal data and establishing rapport was obtained.

Table 1 shows the average time for both tests at the various age levels.* A study of the table reveals that at every age level the Bellevue requires less time than does the Revised Stanford, with the average difference in time 12'12". The average time for the Bellevue is a little over 37 minutes, as compared with almost 50 minutes for the Revised Stanford. Time on the Stanford ranged from as little as 23 minutes to 78 minutes; on the Bellevue from 25 minutes to 75 minutes.

It is seen, then, that from the point of view of time consumed, the Bellevue Adult has a definite advantage over the Revised Stanford. The advantage is an even greater one than these figures indicate. Frequently, after an examiner has given the Stanford, he realizes that a scale so largely verbal in content is not an adequate measuring rod for the specific patient. A performance test is then administered to supplement the findings; and

*Time was recorded in seconds; but in final computation a period 30" or less was disregarded, while one of more than 30" was considered an additional minute.

TABLE 1.

Group	Age	No.	Time in minutes and seconds		
			Revised Stanford	Bellevue	Difference
A	10-14	37	46.06	36.12	9.94
B	15-24	55	47.77	33.33	14.44
C	25-34	23	54.00	41.54	12.46
D	35 and over	18	49.82	38.17	11.65
Average			49.41	37.29	12.12

this consumes another 25 to 40 minutes. Since both verbal and performance I. Q.'s are obtainable from the Bellevue scale, the contingency just noted is a considerably less frequent one when the Bellevue is used.

The question now arises, and this is by far the more difficult part of the task set for study: Which test gives us the better understanding of the individual; from which examination are more valid results obtained?

One of the primary differences between the Revised Stanford and the Bellevue is their method of calculating the I. Q. The Revised Stanford is an age-level scale, while the Bellevue is a point scale. The Stanford uses the M. A. over C. A. method with 15 as the denominator in all subjects 15 years and older. The Bellevue compares the individual with others of his age group, and thus takes into consideration the rise and fall of ability with increasing age.

To study the two tests and discover their special advantages and disadvantages, the patients were divided into the four age groups already mentioned. These divisions correspond with the assumptions both scales make as to the periods of mental growth. Both scales postulate that mental growth continues up to 15 years. This is the period covered in this study by Group A. Group B, ages 15 to 24, corresponds with the period during which, according to Bellevue norms, mental growth continues. Groups C and D, ages 25 to 34, and over 34 respectively, cover the periods of mental decline, as indicated by the results of the Bellevue Adult Intelligence Test. According to the Bellevue, there is a slight but consistent falling off in the years covered by Group C, while from 35 years on (Group D) "they begin to decrease so fast that the use of a single denominator for calculating I. Q.'s for adults will introduce serious error."^{*}

Table 2 gives the I. Q. averages for the Revised Stanford L and for the Bellevue Adult for the four groups. According to the Stanford, the four groups classify as of dull normal intelligence and show a remarkable similarity of intellectual level. The Bellevue results show more variability, ranging from the borderline level at 10 to 14 years to low average in the group which is over 34.

^{*}Wechsler, *Measurement of Adult Intelligence*, page 31.

TABLE 2.

Group	Age	No.	Stanford	Bellevue	Bellevue verbal	Bellevue Perf.
A	10-14	37	83.58	78.58	75.27	87.50
B	15-24	55	86.86	85.95	84.23	87.78
C	25-34	23	81.41	82.07	82.71	85.68
D	35 and over	18	81.94	91.39	89.16	95.00

A study of Table 2 shows a close agreement in results for Groups B and C with deviations at the extremes of the age curve, that is, in the oldest and youngest groups. From the close approximation of results in Groups B and C, it may be concluded that, from 15 to 34, the two tests will give the same general measure of ability. This may be due to the fact that, during these years, the amount of mental growth and decline is minimal.

For these age groups (15 to 34), the writer has found the Bellevue more satisfactory than the Stanford for the following reasons: (1) The time consumed in its administration is less than that required for the Stanford; (2) it gives both a verbal and non-verbal measure of ability; (3) its grouping of functions gives an easily discernible profile for use in differential diagnosis and questions of deterioration; (4) the tasks seem more suitable for adults and are enjoyed more by them.*

Table 3 shows the correlations between the two scales, and the average difference between the ratings attained by each individual on the two tests.

TABLE 3.

Group	Age	No.	Correlation	P. E.*	Difference	When Stanford is higher	When Bell. is higher
A	10-14	37	.922	.023	6.89	5.83	1.05
B	15-24	55	.911	.015	7.29	4.41	2.87
C	25-34	23	.899	.026	6.69	4.04	2.65
D	35 and over	18	.896	.040	13.72	3.05	10.67
Total		133	.895	.017			

*P. E.: Probable error, or amount of deviation due to chance.

The striking thing about the results for Group A is not the five-point discrepancy between the Stanford and the Bellevue I. Q.'s, but the fact that (1) the higher scores are consistently found on the Stanford, and, (2) the marked difference between the verbal and performance ratings (See Table 2). In all but two of the 37 cases comprising this group, that is, in 95 per cent of the cases, the nonverbal scores are higher than the verbal scores. In 26 cases, that is, 70 per cent of the group, the Stanford is higher than the Bellevue.

*When questioned at the end of the examination, the adult patients were practically unanimous in expressing a preference for the Bellevue.

The higher results on the nonverbal half of the Bellevue may be explained in part by the fact that, in individuals of less than average intelligence, nonverbal ability frequently excels verbal ability. Such people work better with material which involves concrete rather than abstract concepts. However, in Group A, 11 cases show higher I. Q.'s on the Stanford than on the Bellevue Performance, and this in spite of the fact that the Stanford is heavily weighted for verbal material. This would seem to indicate that the consistency with which the Bellevue Performance scores exceed the Bellevue verbal scores is due to some fault in the scale when used at this age level.

Extensive clinical use of the scale with this age group has shown that children are penalized on the verbal part of the test because the test items are not adapted to them. Youngsters, especially of this mental level, have a very meager fund of general information and can do few of the problems on the test of arithmetical reasoning. The test is tapping a phase of experience which at this stage of their lives has not been sufficiently developed. The writer found that for this group the Bellevue becomes a measure of the subject's nonverbal capacity, modified by memory span and some measure of reasoning ability. For the clinical group studied here one consistently gets the picture of a child with better nonverbal than verbal ability, although in some instances this nonverbal superiority does not seem to be the case.

In addition, even though the score obtained may be a valid measure of the individual's functioning, the results are too meager, there is too little from which to estimate the quality of the productions. Again, the lack of a mental age score in children of school age is a definite handicap. The comparison of mental age with grade placement and educational achievement is too important at these age levels to be omitted. For subjects 13 years and younger (and in cases of low intelligence the 14-year-olds should be included) the Stanford is definitely to be preferred.

One may turn now to Group D where the discrepancy between the averages on the Stanford and the Bellevue is greatest. The difference in results is due primarily to the different methods of calculating the I. Q., rather than to any inherent difference in the abilities tapped. Since no adults were used in the standardization of the Revised Stanford, it does not seem feasible to measure their ability on such a scale. Had older subjects been used in the standardization, the norms would undoubtedly have been different, although such an increase in validity of results for one extreme of the age scale would probably have resulted in a decrease in validity at the other extreme of the age scale. Obviously, the Bellevue approach to the measurement of adult intelligence is a more valid one.

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Since, for older subjects, the Bellevue results are so different from those obtained on other scales, the question naturally arises as to whether the Bellevue norms are adequate. The group under study here is too small to allow any definite conclusions in this regard. Checking the results with the psychiatrist's impression of the patient, the social worker's estimate, and a study of the patient's work history, the final consensus was that the Stanford scores were too low, and the Bellevue scores too high. The writer's clinical impression was that the Bellevue verbal scores frequently gave the best measure of ability for the older group.

It should be emphasized that the results obtained for this older group are a measure of the individual's ability as compared with others of his age. Thus, in the present group, for example, the relatively high performance I. Q. of 95 which the older subjects average, do not mean that they possess average performance ability as compared with the population at large. Rather, it signifies that their functioning is average as compared with other 40-year-old men. Which scale to use therefore, the Stanford for comparison with the general population, or the Bellevue for comparison with the subject's age group, depends on the reason for examination. To determine the fitness of a 50-year-old man for the job of taxi driver, it is important to compare the accuracy of his judgment and the speed of his responses with those of the population at large, and not with those of other 50-year-old men*.

When the present subjects were divided into five groups on the basis of intelligence rather than age, it was found, as was to be expected, that the scales correlated highest at the extremes of the curve, that is, in the superior and defective groups. However, the greatest difference between the individual scores on the two scales occurred at the superior level, with a gradual decrease in this discrepancy, the least difference being at the defective range (See Table 4). One may postulate from this that both scales tap the defective's limited capacity to an equal extent, but that the range of abilities possessed by the superior subject cannot be reached equally by all tools.

TABLE 4.

Group	Average difference	Stanford higher	Bellevue higher
Superior	14.13	14.09	.4
Average	9.3	7.07	2.27
Dull normal	8.6	3.81	4.39
Borderline	8.6	3.43	5.10
Defective	6.7	1.94	4.75

*Using the Bellevue Efficiency Quotient is also useful in such a contingency.

Interestingly enough, in the superior group, the Stanford scores are consistently higher than the Bellevue ratings. With the falling off of ability, the Bellevue scores become the higher of the two until the defective level is reached, when the reverse situation from that found in the superior group obtains. Since, in the superior group, the performance scores were practically always lower than the verbal scores; and, in the inferior group, the opposite held true, that is, the performance scores were nearly always higher than the verbal scores, it may be assumed that, aside from the different method of calculating scores, the introduction of the nonverbal tests is one of the chief factors in causing the difference in results.

CONCLUSIONS

1. The Bellevue Adult Intelligence Test has a definite advantage over the Revised Stanford L from the point of view of time consumed in administration.
2. For subjects between the ages 15 and 34, the two scales give similar results; but the Bellevue Adult seems preferable from the point of view of time consumed, richness of results and suitability of tasks.
3. For subjects between the years 10 and 13, the Bellevue scores are a little too low. The Bellevue verbal tests are not suitable for this age level. The Stanford is more desirable from the point of view of the results obtained and the inclusion in those results of the patient's mental age.
4. Subjects over 34 years of age generally make more valid scores on the Bellevue than on the Stanford, though the allowance which the Bellevue makes for the falling off of ability with advancing age seems too generous.
5. Groups compared for intelligence level rather than age show the greatest discrepancy in test results at the superior level, and the least at the defective level. The Bellevue scores become higher than the Stanford scores as the mental level falls, probably because subjects of inferior intelligence do relatively well on nonverbal tests.

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EVALUATION AND USE OF A PATIENT'S POTENTIALITIES*

BY JULIUS SPIERMAN

One of the most serious problems confronting social workers in State hospitals for the mentally ill is the question of how they may help a patient, who, after a stay in the hospital, has been discharged as unimproved. As a rule, these patients are not menaces, either to themselves or the community, but they do not seem to be able to use constructively any of their potentialities.

The first step in determining whether a case worker can do anything effective in a situation stems from an understanding and evaluation of the patient, and an estimate of how the patient will react to social treatment, as differentiated from the purely psychiatric approach. The psychiatric social worker in a mental hospital is fortunate in having recourse to the combined psychiatric and social studies, as well as to the observations and treatment evaluation made on the patient by the doctor, psychologist, nurses, occupational therapists, and social workers during the patient's course in the hospital.

Most patients entering a mental hospital are aware that there is something either about their behavior or their thoughts which is not acceptable to the community. If, for example, the patient has peculiar ideas which prevent him from working when jobs are available, he is usually sensitive to the fact that he is different from other people. To generalize, he is brought up to expect that when he is old enough he will take his place in the community, by becoming self-supporting or contributing to the support of his family. When for some internalized reason he finds that he is unable to do this, he, as a rule, knows that something is wrong.

Once he is admitted to the hospital, either on a voluntary or commitment basis, this admission, in itself, usually is sufficient to impress a patient with the facts that he is ill and that he is to receive either medical or psychiatric treatment. He expects to be, and is, under the direct supervision of a psychiatrist. Although he may be seen by a great many other persons, psychologists, technicians and social workers, he knows that the person who is responsible for his mental treatment and possible cure is his doctor. As a result, the patient will, if he is oriented, tell the doctor about his difficulties. With a knowledge of the patient's background and observation of his daily

*Read at the interhospital conference at the New York State Psychiatric Institute and Hospital, April 17, 1941.

life, behavior and thoughts while in the hospital, the doctor arrives at a diagnosis and proceeds to treatment. This may involve medication, as well as a psychotherapeutic program.

After a period has elapsed, a patient who is not actively disturbed, or dangerous either to himself or to others—even though his fundamental improvement is not appreciable—may be returned to the community. In some instances, a patient's home—if there is not too much conflict—may act as a therapeutic agent, and this enters into the psychiatrist's planning. Dependent upon the patient's recognizable symptoms, he is discharged as recovered, improved, partially improved or unimproved. It is to be noted that, at this point, a discharged patient is called upon to make a new series of adjustments. While in the hospital, he was in a sheltered environment and all of his physical needs were cared for. In addition, he was not subject to the same worries and pressures with which he is confronted when he is in the community at large. From this consideration, it is many times difficult to predict with accuracy how he will react when he faces a different social *milieu*.

When the patient leaves the hospital, in his effort to make a social adaptation, he, more or less, becomes a social worker's responsibility. In some instances, the social worker sees the patient's family while the patient is in the hospital and attempts, if this is indicated, to modify their attitudes or develop a better understanding. In other cases, the patient is seen prior to his discharge; and the worker plans with him for his leaving.

In still other instances, the patient is discharged without much preliminary social service; and he is then, from time to time, seen by the social worker on a followup basis. If on the occasion of one of these visits, the worker feels that something can be done to aid the patient, this help is given. The following report is an example of such a situation, where—in light of the complete study of the patient while he was in the hospital—active social service did not seem indicated at the time of discharge but where help did seem indicated during a routine followup visit.

CASE REPORT

William S., aged 24, was admitted to the New York State Psychiatric Institute and Hospital on February 17, 1939, because he was shy, withdrawn, refused to work and was concerned with delusional thoughts in reference to himself and his relation to others.

His history revealed that William was the second of three children. A brother, two years his senior, seemed fairly well adjusted as did his younger sister. Father and mother are first cousins. They were both born in Eu-

rope, although they married in the United States. The father had an elementary school education, and after working in a dress factory for many years, bought a newsstand and has managed by dint of hard work to support his family. The father is a pleasant, easy-going, intelligent man who is a good mixer. He says that he has never punished his children because "they were always respectable." The father rarely, if ever, quarreled with his wife and regarded the patient as his favorite child.

The mother is an uneducated, pleasant woman who married at the age of 22. She is a "home body" who is said to love her children and who is rather oversolicitous of their welfare.

The patient was a wanted child, and although his mother would have preferred a girl, she denies having been disappointed that he was a boy. His early development was normal (as far as could be determined). He began school at six and was characterized as being happy and cheerful. There were no mood swings, and he was popular both with his teachers and classmates. During this period, he was affectionate toward his mother and solicitous of her welfare. He was less demonstratively affectionate toward his father.

William progressed excellently in school until he was graduated from high school at 17. While attending school, he sold newspapers in the evening, and was rather active on the block. He enjoyed ball playing and had many male friends. He did not, however, associate with girls.

Following his graduation the patient declined to go to school any longer, because, he felt, his eyes were too poor. In spite of this, however, he spent much of his time at the library. From this time on, he became more seclusive and found it difficult to keep a job. He made some attempts to get employment; but when a job was offered, he would give some excuse for rejecting it. As time went on, he remained more at home. It was during this period that he took some civil service examinations at the insistence of his brother. He did this half-heartedly, and rivalry with his brother became more acute because of it. The patient continued to become more withdrawn and finally admitted that the reason for his behavior was that he believed people stared at his genitals whenever he wore trousers and that this interfered with his freedom to leave home. He finally was admitted to the Psychiatric Institute, where he remained for eight months. During this time, he had 65 insulin injections which induced 46 comas, but no generalized convulsive seizures. Although he had come voluntarily and realized that his ideas were abnormal, he felt that he could not be cured and that the doctors could do little for him. He was then discharged, diagnosed as dementia præcox, paranoid, unimproved, since he still retained his fixed delusion.

Following his discharge, the patient remained at home for almost a year. He spent his time "lolling about" except for a job on a farm that he kept for two weeks. During this time some people from New York visited the farmer, and since the patient felt that they knew about him and stared at him, he had to leave.

Social Service Treatment. At this point, the social worker entered the situation on a followup basis. Contact prior to that time had not been regular, because there had been no indication of the need of social case work with the family or subsequently with the patient. The patient expressed discontent with his life and seemed concerned about his future. He understood that his feeling that people stared at him prevented the use of his capacities. The social worker accepted these ideas but did nothing about them. On the other hand, since the patient did express discontent and had made sporadic attempts to help himself along social lines, the worker felt that enough of his residual ego remained so that he would benefit by being accepted, understood and encouraged.

In the beginning, the patient spent most of the interviewing time discussing his delusion. He attempted in various ways to convince the worker that his delusional experiences were real, despite the fact that everyone, including his doctor, did not believe him. He realized that such occurrences were improbable but, nevertheless, felt that he was one in a million and that it was preordained for him to be as he was. He had the idea that 80 per cent of the people in New York knew about his difficulty, since the story had been passed about by word of mouth. He, therefore, had tried to go to other cities, for instance, Newark, Philadelphia and Chicago; but he believed that, although fewer people looked at him the farther he went from New York, he nevertheless was known. The worker was sympathetic, but at the same time discussed the situation realistically. Accepting the patient's feelings, an attempt was made to plan with him to engage in some activity in which he would feel relatively more comfortable. Numerous possibilities were reviewed. He could work on a farm, enroll in the CCC, work on a ship. As the interviews progressed, more and more time was spent in discussing ways and means of finding employment. At his request, information was given, and practical means of meeting his own situation were suggested. Some of these were accepted, but the patient rejected others because they did not fit in with his needs and he could not see their practicability. Here, too, his reasons were accepted, and the worker did not attempt to impose his will upon the patient by arguing. The man was, instead, encouraged to use his own initiative. At the same time, the worker frequently pointed to the patient's potentialities in terms of his intelligence, education and appearance. The patient made a number

of attempts to get work in different cities but was unsuccessful, since he still was bothered by his delusion. Each time he returned, he discussed the reasons for his failure with the worker. He was encouraged to keep trying.

After reviewing his situation in great detail, the patient finally decided to take a short course in scientific farming. He chose farming, because this would enable him to be away from people and to work outside of New York. At school, he had to live away from home and only returned for week-ends. He continued to see the worker and reported his progress. In his subsequent interviews he spoke mainly about his school and ambition but had a new idea that had not been expressed before. He said that he was planning to go to the district attorney to complain about the people who were bothering him. He felt that he had proof, but this was only in terms of having the district attorney question people in order to determine whether they were staring at him. The worker reasoned with the patient. It was pointed out that there was no law covering this offense and that he was running the risk of being sent to a State institution. This would jeopardize his chances of completing his farming course, which he wanted to do. In the meantime, since he was encouraged a great deal, he thought that he would be able to complete his studies, despite the fact that about one-quarter of the students stared at him. Another matter which was quite significant occurred at this time. The patient was staying at a rooming house and became acquainted with the landlady's daughter. He spent his evenings in her apartment and became more and more attracted to her. The girl and her mother seemed to like him, and for the first time he expressed definite interest in a member of the opposite sex. He finally completed his course and stated that he had given up the idea of going to the district attorney. He made some friends and showed more initiative in looking for work. He received an offer of a civil service job which he accepted. At present, the patient is still employed, continues to communicate with the worker, and seems to be making a good adjustment.

A quotation from one of the patient's letters will illustrate his state of mind:

"Well, being a man of action I packed my bags on February 9, and came down here and insisted on a job. Well, Wednesday, February 12 I started working as assistant messenger at \$1,080 in the communication division of the Civil Service Commission of the federal government of the United States of America. Boy! Oh! Boy! Doesn't that sound swell? History was being made. I work with about 35 fellows and so far everything is all right and I hope everything will continue to be all right. The work is a cinch and I like it very much.

"The smartest thing I did in a long time was going to that school in New Jersey, because without that school I'd never have a chance of holding the job.

"I've been all over Washington. I've visited the Capitol, Library of Congress, Lincoln Memorial, Washington Monument, etc. Boy, the Library of Congress is something to see!

"I live in a private house with a nice family at \$15 a month. She gives me tea and crackers at night for nothing. (I'm rapidly becoming a chiseler) I go down and listen to the radio, read papers and talk."

EVALUATION OF SOCIAL SERVICE TREATMENT

When this patient came to the hospital, he did so with the realization that he was mentally ill, and that this illness prevented him from using his capacities. His ostensible reason for coming, was not to obtain treatment for his delusion, because he felt that nothing could be done in this respect, but rather that hospitalization gave him an opportunity to be away from people, including those at home, and to be in a situation which provided a sheltered environment. While he was in the hospital, the doctors attempted a varied approach, with the end in view of shaking the patient loose from his delusion. This was unsuccessful, and he subsequently was discharged as unimproved. The case worker's approach to the patient's problem was somewhat different. Realizing that little could be done with the patient's delusional system as such, the case worker let this matter completely alone. When the worker first made the patient's acquaintance, he had been out of the hospital for some time. He had returned home and, although he had made some sporadic efforts to obtain employment he was not able to help himself. He did, however, feel discontented with his life and expressed a desire to do something about it. The worker, at this point, evaluated the situation as follows. Although it was true that this patient for some time had been handicapped by a fixed delusional system, there, nevertheless, seemed to be some positive factors that could be worked with. William was intelligent, had a fairly sound education, had a good appearance and was able to speak well. In addition, he was discontented and worried about his future. Because of this concern, he had made some efforts to obtain employment, albeit unsuccessfully. This seemed to indicate to the worker that some of the patient's ego was still intact. The patient himself gave the worker a clue to one solution of his problem when he attempted to obtain work away from home.

In the beginning, William spent most of the interviewing time discussing his delusion. Since he identified the worker with the hospital, he under-

stood this to be the worker's primary interest. As time went on, however, and the worker did not attempt to delve into this problem, the patient began to realize that he had been mistaken about the worker's rôle. The worker's non-critical attitude and acceptance of the patient's difficulties enabled him to relate himself on a realistic basis. It was then possible to have a joint exploration of the areas in which the patient could function. Since William felt that the worker had an appreciation, not only of his material needs, but of his psychological needs as well, he was able to accept some of the worker's suggestions, although rejecting others. When the patient failed, the worker did not criticize, but, instead, reviewed the situation and encouraged him to continue. This attitude made it possible not only for William to confide, but also eventually to use his own initiative. When it was observed that he was able to do this, he was left free to return for discussion and to discuss other problems when this seemed to him to be desirable. Although this patient is not well adjusted in every respect, and still feels that others look at him, he, nevertheless, has been able to accept, and come to terms with, his delusion and is, therefore, more comfortable. This has been made possible, because he now has some other outlets, such as his having gone to school and attained employment.

The writer realizes that there is danger in being too optimistic about this case. Social workers, together with others, have the need to feel powerful, and to attribute to themselves whatever success their patients may achieve. At times they overlook factors which may be as important, if not more important, in shaping their patients' destinies, then the contact which they have had. In this situation, the environmental factors, in terms of such things as *mores* and outside pressures, certainly contributed their rôle. One further note of caution may be indicated. It is possible that this is not a typical dementia præcox case and that the method used will not be so effective in other situations. The writer, however, has detailed his method, because, even if some progress is obtained with a small minority, that, nevertheless, is worth while. It also offers an example, for comparative study purposes, from which with other cases, principles may eventually be drawn for more effective social evaluation.

New York State Psychiatric Institute and Hospital
New York, N. Y.

THE PRIVATE ROOM IN THE CARE OF THE DISTURBED PATIENT

BY POMPEO S. MILICI, M. D.

Until the spring of 1941, the women's reception building of Kings Park State Hospital made provision for 182 patients on six wards averaging 30 beds each. Newly admitted women, after being studied on the reception ward, were transferred to one of the remaining wards designed for the care of elderly women, of the depressed, the suicidal, the infirm, the well behaved and the disturbed.

The care of the disturbed patient offered difficulty so great that for a time it seemed insurmountable. There was no alternative but to care for these patients on one ward located on the center floor in the right wing. The result was a continuous disorder which not infrequently grew to indescribable pandemonium. The ward quieted down appreciably when some of the patients were removed to the tub room (eight tubs) for treatment. It quieted down further when, of the patients remaining, the most disturbed were placed in the four single rooms in the northern-most corner of the ward. Others were kept in packs in the dormitory. This was sedative to some; but even one noisy patient would soon have all excited, and when the tub patients were returned to the ward at the discontinuance of treatment the situation deteriorated hopelessly.

The problem of adequate sleep for all at night was a very serious one. Invariably, there were patients so disturbed that they kept others on the ward and even throughout the building in a turmoil. Under these conditions, the use of sedatives, hypnotics and restraint tended to become excessive. Even so, a quiet night was the exception.

And so, despite the use of sufficient employees to insure safe supervision and attention and, despite every therapeutic procedure, one was left with the distinct impression that all was not well. Not alone was this the opinion of the staff and ward personnel. Visiting relatives and others repeatedly remarked on the disadvantages of huddling such patients together and interminably voiced their disapproval. Patients, themselves, time and again declared, upon improvement of their mental conditions, that their stays on the disturbed ward had greatly hindered their progress; and they suggested segregation as a remedy.

It seemed unreasonable to lodge disturbed patients with favorable prognoses under these conditions and, on the other hand, it seemed reasonable to assume that such patients would make much more satisfactory and rapid recovery if treated in private rooms. This was borne out by the fact that patients so treated in the rooms available on the ward definitely showed earlier response to care.

The top floor of the building contains, in the center, 19 single rooms which were used as living quarters for employees. The hospital administration listened attentively to a plan suggesting that these quarters be turned over to the care of patients. A trial was encouraged.

The results have been most gratifying. The lessened exposure to external stimuli results in a quieting down of the patients, often within a remarkably short time. They are then able to obtain much needed rest and sleep with a minimum of sedation, the appetite is restored; and, as a result, there is improvement in physical condition and mental state. It is possible then to initiate the patient gradually into the routine activities of the service as a whole and to deal with the individual socio-psychiatric problem.

Many patients are admitted in a state of exhaustion; often they have been agitated, have not slept or eaten well for days or weeks before hospitalization. The symptoms of excitement following admission are at least, in part, due to fatigue and not a little to the decided transformation of environment. These patients, for a time at any rate, are not so much in need of psychiatric analysis as of proper reception and medical attention, that is, rest in bed, complete quiet and relaxation and careful attention to general hygiene.

It is felt that the primary effort should be directed toward restoring mental calmness. This is usually not easily achieved by introducing the patient into a ward where everything is completely strange and frightening and where bedlam is likely to break loose day or night.

The private room in the care of the disturbed patient appears to be of major therapeutic importance.

Kings Park State Hospital
Kings Park, N. Y.

RELATIONSHIP OF THE DEPARTMENT OF MENTAL HYGIENE TO THE WAR PROGRAM*

BY H. BECKETT LANG, M. B.

As part of the policy of the selective service system to eliminate registrants unfit for military service by reason of neuropsychiatric disorders, the minimum psychiatric examination was outlined in Medical Circular No. 1 by national headquarters.

In an effort to facilitate the functioning of the psychiatric program, the New York State Committee for Mental Hygiene submitted an outline of practical selective service system psychiatry. This was recommended by Dr. Sullivan, at that time psychiatric adviser to national headquarters of the selective service system. This program was comprehensive in scope covering the use of psychiatrists, psychologists and social workers at local boards as well as a plan for training in psychiatric examination and proposals for followup care. Dr. Parsons, former commissioner of this Department, volunteered his services to secure psychiatric assistants to be available to local boards.

This Department was asked to cooperate; and at the direction of Dr. Tiffany, the Commissioner, the facilities of the Department were placed at the disposal of the New York State selective service system. Discussions were held with the medical adviser, Colonel Gaus, of New York State headquarters, and Colonel Kopetzky, the medical adviser to the director for New York City. The decision was reached that the central file of the Department at Albany could be used as a means of identifying registrants who had been cared for in our institutions. The method of use of these cards under the regulations existing at that time was outlined in Medical Bulletins Nos. 18 and 19 of the New York Selective Service System. To date, 156,248 cards have been reviewed and 1,901 cases have been identified as "probable." In comment on this, the writer would say that difficulties in the accuracy of identifications because of such matters as changed addresses and altered spelling of names have at times produced misidentifications which have caused some difficulties.

One of the problems was the release of psychiatric information to local boards so that proper classification could be made.

It was quite appreciated that local boards have the power of subpoena of all records, but the objection of the Department to the release of these records was that in addition to the registrant's history, there might be the history of other individuals who had no concern with the registrant. To avoid

*Read at the Quarterly Conference at Albany, April 18, 1942.

this difficulty and to insure adequate information being available, the Department recommended the appointment of a superintendent or senior medical officer in each one of the institutions as an advisory board psychiatrist.

The local board volunteer psychiatric service was then arranged with the medical adviser of the New York State headquarters with the able assistance of the New York State Committee on Mental Hygiene. The Department instructed the superintendents to make such contacts as they could with local boards. The headquarters of the Selective Service System also informed the local boards concerning the availability of this service. Many boards accepted this in varying degrees, and a screening process was carried out by examinations of registrants at the local boards. In some urban centers, groups of local boards combined so that one psychiatrist was available for service to several boards.

A few of the local boards had appointed psychiatrists as examining physicians. The results of these examinations up to December, 1941, in which physicians from the Department participated, showed that 32 local boards had used this service; 3,100 registrants were examined; 221 were recommended for rejection based on the minimum standards; 98 were referred to medical advisory board psychiatrists; nine cases were referred for psychiatric followup treatment.

This service has not been too thorough; but in the Department's opinion would be the most practical one, as examinations at local boards can be made under less pressure and there is ample opportunity for checking suspicious indications in the individual's personality or social adjustment or for checking for known information in the registrant's local community.

Following the alteration in procedure of the examination, beginning January 9, 1942, psychiatric service at local boards was not discontinued but was not used as freely. The alteration in procedure by having the intensive examinations done at the army induction stations resulted in an immediate call for additional psychiatrists. The Department made available to the surgeon of the Second Corps Area the medical staff of the institutions in the Department. At the present time, physicians from the Buffalo and Gowanda State hospitals are assisting in the Buffalo station; physicians from the Rochester State hospital at the Rochester station; physicians of the Syracuse Psychopathic Hospital and the Binghamton State hospital at Syracuse and Binghamton and physicians from the Utica, Marey and Rome institutions at the Utica station. The Albany station is supplied by physicians from the Hudson River State Hospital, the Harlem Valley State Hospital and the Wassaic State School. In addition, in all of these areas, psychiatric service is rendered by psychiatrists from non-departmental hospitals and from civilian practice.

The large pool of psychiatrists in the Department in and near New York City has not been drawn on extensively because of the availability of psychiatric service immediately located in the metropolitan area.

These induction examination procedures were planned on the basis of one psychiatrist to every 50 registrants, which gives fairly adequate time for examination, but a handicap was apparent in cases where there would be no information in the registrant's medical form and the registrant would then admit to a history which indicated possible psychiatric implications. The provision for a delay between the induction examination and the final induction did permit of some checking. However, with the new plan, where induction proceeds immediately after examination, the original difficulty has occurred—requiring the psychiatrist to make a decision on inadequate information. For that reason, new proposals were discussed by Colonel Eanes, Colonel Kopetzky, Colonel Walson, Dr. Stevenson and Dr. Lang.

The suggestions for social service assistance were submitted by Miss Ecob of the New York State Committee on Mental Hygiene. These proposals were concerned with the obtaining of social service workers and the procedures that they should use in functioning under the new (or revised) regulations so that the local board examining physician could have available data concerning the registrant's personality or social adjustment. The suggested setup is that the social workers should be assigned within their counties; that one social worker with two alternates be available to each local board. The data that they would obtain would be for the information of the local board examining physician or for the assisting psychiatrist so that these physicians could prepare the necessary abstract as indicated in the new instructions. This abstract of data would be of material assistance to the psychiatrist at the induction examining station.

In order to facilitate the preparation of the abstracts required to be made by the local examining physician under Section 623.33d, Dr. Tiffany, the Commissioner, has authorized that in response to inquiries from local boards, local board examining physicians, other authorized members of the selective service system and local board social workers, an abstract be prepared essentially as at present but with two minor changes: (1) the inclusion of the legal form of admission; and (2) the elimination of the recommendation as to fitness for military service. This abstract can be sent to the local board marked "confidential for medical purpose only."

These procedures will be discussed by Colonel Eanes representing national headquarters of the selective service system and the Surgeon General's office; Colonel Gaus representing New York State headquarters and Colonel Walson representing the surgeon, Second Corps Area.

Owing to the expansion of the armed forces and the expansion in war industries, an increasing necessity for medical officers has developed. To provide equitably for the various medical needs both in the military forces and in civilian communities, the office of Procurement and Assignment was formed by executive order. A chairman has been designated for each corps area. In addition, a chairman has been designated for each state area. Dr. Booth of Elmira, is the chairman for the Second Corps Area. Colonel Kopetzky is acting as chairman of the New York State area. Surveys have been carried out; and, necessarily, these surveys have been by means of questionnaires. The Department sympathizes with everyone concerned, both with the preparers of the questionnaires and those who have to answer them. However, it is necessary to have this information. The character of the information of necessity varies with the changing demands of military and civilian requirements. The writer regrets that he has to advise that more questionnaires will still require attention.

The policy of the Department in designating physicians as essential has to be contingent on three factors. The first is that among the medical staffs of the institutions are physicians who are physically qualified for general medical services with the combat forces. Second, the Department has probably the largest number of trained specialists in psychiatry in one group in New York State. Third, the Department must consider the functions of the institution as a specialty division in hospital practice. Under this latter consideration we again have three factors. The first concerns the essential functions of the institution and the individual physicians in the various grades required to maintain these essential functions. Second, is—in cases of necessity—the irreducible minimum of medical staff at which the institution could operate with the minimum of care and protection to the patients and to the community. The third is the question of accessory duties that have developed owing to the war program, such as the relationship of the hospital in its particular community to the local war council as part of the emergency medical service.

The Department is endeavoring to balance all these factors by close cooperation with the procurement and assignment services through Colonel Kopetzky. Colonel Gaus will discuss the use of psychiatrists at local boards or groups of local boards and the use of social workers to obtain psychiatric information.

The Hospital Planning Committee is formulating the over-all plan for the use of the facilities in the institutions in our Department. These relate to what provisions the various institutions can make in regard to the reception of civilian evacuees or the reception of the chronic physically ill from urban centers to provide bed space in general hospitals for anticipated casualties.

Local planning has been done with the local war councils. The difficulty is that an institution may predicate space to the local war council and then find that greater needs from other areas require that this space be now transferred for availability. This is the function of the over-all program. Mr. Mailler will discuss this.

Finally, there is the organization of the institution as a community in itself with the provision of trained personnel under the air raid precaution unit with auxiliary police, firemen, demolition and salvage squads; under the emergency medical service, the first aid parties, casualty stations and emergency surgical wards. A further relationship exists between the institution and its local community as a reserve in most instances but in some instances as a primary unit for first aid, casualty stations and base hospital. Dr. Bourke will discuss this.

Department of Mental Hygiene
Albany, N. Y.

USE OF NEUROLOGICAL AND PSYCHIATRIC INFORMATION IN SELECTIVE SERVICE*

BY COL. RICHARD H. EANES, M. C., A. U. S.

Selective Service considers it an unusual privilege and also a compliment to be invited here today to participate in this discussion of ways and means of improving the neurological and psychiatric examination of registrants. The importance of the problem, of course, is obvious to us all. The problem is one that must be solved: The crucial question relates to how.

I know that you would be surprised, and somewhat dismayed, if you knew of the infinite number of suggestions selective service has had as to the type of psychiatric and psychological examination that should be used in the study of the registrants. Some of these suggestions have had merit and have been adopted; however, the results of the psychiatric program—taking them all in all—are disappointing to date. It is estimated that about 23 per cent of all men discharged from the army for physical and mental reasons, since the beginning of the emergency in August, 1940, were discharged for neurological or psychiatric reasons. Examinations of reports in national headquarters of selective service indicate that approximately 50 of every 1,000 registrants examined, that is 5 per cent, have some mental or neurological defect noted. We have no way of knowing how many beds are actually being occupied at this time by such cases. Nevertheless, our interest in the crucial question still continues.

While we, as medical men, appreciate some of the difficulties involved in psychiatry, General Hershey and our administrative group in selective service have been impressed mainly with the uncertainty that characterizes so many of our efforts in this field. General Hershey's personal reaction has been, that we should seek additional enlightenment prior to undertaking any other major program in this direction.

We all, the writer thinks, are certain of one thing, that better and more effective procedures and methods are needed in determining fitness or unfitness from the nervous and mental point of view.

Another thing of which we are certain is that information concerning the nervous and mental state must be sought from the registrant himself, or intimate information must be obtained from outside sources concerning the registrant. In some instances, official records reveal the patient's earlier performances, his reactions to various situations and his capacity in adaptation.

*Read at the Quarterly Conference at Albany, April 18, 1942.

It is a function of the armed forces to establish the physical standards which must be met by those who are to enter such forces, and the determination of whether an individual meets those standards, is likewise their function.

It is upon this fundamental principle that selective service saw fit, in conference with the War Department, to bring about the system of examination known now as the single examination. It is the function of the selective service system to go into the highways and byways and bring forth the manpower which is not known to be obviously unfit physically and mentally for service in the armed forces and to present such manpower for acceptance. The Selective Training and Service Act of 1940 did not change these fundamental principles in the least. At the same time, selective service has felt that it has a responsibility to share with the armed forces; that is, the obligation of assisting them in the examination and determination of physical fitness of those individuals presented.

It has been known from time immemorial that there are certain types which have always been least qualified for military service, although they perhaps have no definite organic physical disability. As civilization advanced and as warfare became more complex, more difficult, and more severe, the unfit nature of many individuals became more manifest. Da Costa gave us a description of the soldier's heart, effort syndrome or neuro-circulatory asthenia during the Civil War. This description has hardly been improved upon, and we are learning that stress and strain affects systems other than the cardiovascular.

As a result of the last World War with all its horrible mechanisms, we were brought to a full consciousness of the importance of such problems. After that, when full measure was taken of all that had been found and the expense to which the taxpayers were to be put in an effort to bring about an equitable adjustment, it was hoped that we had learned enough to prevent the induction hereafter of as many unstable individuals as possible, thereby precluding them from the stress and strains incident to warfare, and from after-war consideration as social wrecks. No one can deny that this was a stupendous task. Selective service first endorsed a system whereby it was hoped that men trained in the fields of the psychic would find a way to discover these individuals. Unquestionably, there was a certain degree of success attained but not sufficient to justify the effort and time consumed.

It is generally agreed that it is impossible for a psychiatrist to determine a registrant's mental fitness for service in more than a small percentage of cases by use of any examination perfunctory in nature performed in a very limited time. It was proposed that all physicians examining for selective service should be taught certain fundamental principles of psychiatry and

that they, thus, would soon learn to detect the mentally unfit. This plan was discarded because of the enormity of the task and the great prospect of failure.

Selective service was convinced that the patient's own record, from information already gathered in the local communities, perhaps even unrecorded officially, but of common knowledge, was of great value in judging the registrant. I adopted the principle of seeking such information and making it available to the examining and induction stations of the armed forces. This was made a part of Selective Service Regulations. Immediately the question of a practical method of approach for obtaining this information was raised. Investigation of the availability of such information was instituted. This investigation is still under way but it has already developed much interesting material. In one state, there is a central index with practically all the necessary information in the capitol. That state excludes from the curious eye, whether it be official or simply personal, all information on juvenile delinquencies. All other information is easily available by the local boards furnishing the custodians of the index the names of the prospective Class 1-A registrants. The index is then searched and information found is given to the State medical officer for distribution to the local boards—he to use discretion in distributing such information. From this system, nearest the ideal, we go through various systems in different states until we find states with practically no available sources of information. In a few states, it is even difficult to find a list of definite commitments for the psychoses. In one state, which happens to be one not ordinarily considered among the more progressive, we find an index on commitment but apparently nothing more. However, on close investigation, it was determined that each county in that state does have some one designated for the purpose of guarding the welfare of its citizens. By simply having the local boards communicate to the county welfare agent the names of the registrants just placed in Class 1-A we receive valuable information. It is not the purpose of selective service to use this information itself unless it reveals an authentic history of commitment, idiocy, imbecility, epilepsy or chronic invalidism. In such cases, selective service makes its final classification. In all other cases, including every case where doubt is involved, selective service will simply pass on to the examining board of the armed forces the information it has gathered, together with any comments deemed advisable by the local board or its examining physician. As has been stated, it is the function of the examining board of the armed forces to make its final decision. Apart from the fundamental principle of the armed forces being allowed to make their own decisions, we have also the prospect of rehabilitation before us. No serious consideration has been

given to the possible rehabilitation of neurological and psychiatric cases; but the principle is laid down that rehabilitation of any kind cannot be undertaken except when the armed force specifically states that a selectee would have been acceptable except for a specific remediable condition which if remedied will make him acceptable. Certainly, psychiatrists with limited time on examining boards will be able to give the maximum of time to those cases upon whom they have received some hint of past troubles. Decisions made this way will be of greater value and finality than those made after a very few stereotyped questions asked as the line passes on. It should not be expected that psychiatrists will be able to discover and diagnose every case under this or any one system. Often, latent troubles are kept hidden and the person is able to adjust well in that environment in which he has been reared; but the stresses and strains in a new life of discipline and regimentation make manifest those latent qualities. There is no way of discovering such cases except that they be constantly observed under the application of changing environments. Manifestly, the search is to go on unceasingly and within the armed forces.

In your state of New York, we have found that you have gathered a large amount of information on your people. You have not established the more ideal central index, nor have you permitted your information to be left entirely out in the counties. You have it within a number of well organized agencies within the state. There it is accessible and national selective service has described what, in its opinion, is a practicable, workable arrangement for making data available to the local boards and through them to the armed forces. You are all undoubtedly acquainted with the method, as well as the untiring efforts on the part of a number of your officials and voluntary workers to make this method understandable and workable.

It certainly does not represent the ideal, but we are happy to have access to the supply and we believe that as it is worked and as thoughts evolve from its use a more nearly ideal arrangement may be found. Likewise, in the less progressive states, there will spread a stimulus to form systems workable and of value. Perhaps we are not doing too much wishful thinking when we predict that out of this effort there may come in each state a central welfare index where the state may have available for scientific welfare work all information on its people. Of course, there is much work to be done. We find though, many willing hands. It is hoped that those with willing hands may also have willing tongues and that they may go forth to preach the philosophy and keep men thinking.

There is not a single approach to this problem. It must be attacked from many angles. No matter how valuable other approaches may be, it is be-

lieved that this one, the record which the registrant himself has written by his contact with his fellows in his normal environment, must always stand as important.

In conclusion, may the writer leave with you the thought that as a selective service official, he has come to state briefly the position that selective service takes in this subject, and to participate in the discussion with the purpose of giving all the light selective service can shed from its experience to date? However, he has come with the added thought of joining with you in the endeavor to develop some means whereby can be obtained the best possible insight into the nervous and mental state of the registrant.

The final decision as to acceptance must rest with the armed force which proposes the induction. However, this problem is one of such magnitude, that we of selective service propose to do our utmost to see that the armed force has at its disposal the maximum amount of information available that its decision may be a wise one, based on all available information.

National Headquarters
Selective Service System
Washington, D. C.

SUMMARY OF LEGISLATION OF 1942 OF INTEREST TO THE DEPARTMENT OF MENTAL HYGIENE

BY CLARENCE M. PIERCE

The 1942 session of the Legislature considered a total of 1,941 bills in the Senate and 2,136 bills in the Assembly, a grand total of 4,077. For purposes of comparison the number of bills considered in recent years is given:

1942	4,077
1941	4,381
1940	4,514
1939	4,638
1938	4,553

The 1942 figures show a decrease of 304 bills from the number introduced in the 1941 session.

The classification of bills used in previous years is continued in this report without change: (1) Appropriations; (2) Mental Hygiene; (3) Pension Legislation; (4) Civil Service; (5) Labor (workmen's compensation); (6) Contracts and Bonds; (7) Liens; (8) Correction and Penal; (9) Social Welfare, Domestic Relations, Social Security; (10) Medical Practice; (11) Claims; (12) Miscellaneous.

Because of space limitations, the following comments are limited to bills of interest to the Department which passed both houses of the Legislature and reached the Governor for his consideration. There is only one exception to this and that is a bill which was of such outstanding interest to the Department that it was deemed worthy of comment.

APPROPRIATIONS

The Department budget submitted to the Legislature by the Governor was passed and became Chapter 90 of the Laws of 1942.

Two thousand dollars, which was the amount included for the Department chauffeur, was deleted, as in all other departments, due to the fact that all chauffeurs had been pooled.

The department traveling allowances were reduced \$65.00.

Time service receives less than the amount appropriated for the previous year, \$1,130,000 as against \$1,200,000. The reduced amount was deemed sufficient by the Director of the Budget, and it probably will be.

In the institutions, appropriations for travel and automotive expenses were reduced slightly. Appropriations for all passenger automotive equipment were deleted, as well as for auto trucks. At Hudson River, a special

repair item for \$2,000 for installation of new locks in patients' buildings was deleted. Funds for tractors for Hudson River State Hospital and Wassaic State School were deleted in amounts of \$700 and \$1,100 respectively. An appropriation for an ambulance for Utica State Hospital in the amount of \$2,000 was deleted.

Appropriations were based upon an institutional population of 93,800; hospitals 74,600 and State Schools and Craig Colony 19,200. This increase is less than the Department estimated, but it is 1,000 over the estimated amount for the 1941-42 fiscal year. The departmental estimate included 1,000 for Willowbrook which is not occupied, but this 1,000 will be considered for other institutions.

In Part 2, immediately available items were added as follows:

An item of \$6,000 for a special experimental project to develop a reimbursement program. This was to provide an appropriation for a Certificate of Intent issued to furnish the money early in January, 1942.

An item of \$1,066,700 to meet the deficiency in the 1941-42 appropriations for all institutions. This item was less than the department's actual requirements; and to increase this, an amount was deducted from the appropriation for the Willowbrook State School which brought the net deficiency appropriation to \$1,206,400. Included in this was an amount to meet the cost of providing electric shock therapy units in State hospitals not already equipped.

In Part 3, under capital projects, the only deletion from the Governor's budget was an item for street and ground lighting for Gowanda in the amount of \$4,500. The total items allowed were \$360,859.19.

Chapter 476 reappropriates funds for fuel for the fiscal year 1942-43 and makes them immediately available so that fuel can be ordered at current prices.

Chapter 930 provides the sum of \$10,000 to pay for hospitalization of employees who are suspected cases of incipient tuberculosis so they can receive treatment and be relieved of duty immediately. The necessity for this was made evident by the recent survey of some of the institutions by the tuberculosis division of the State Department of Health.

Chapter 930 also provides an appropriation of \$5,500 to supplement the present sum of \$25,000 in the budget for 1941-42 for the construction of additional sewage plant facilities at Kings Park State Hospital. The appropriation of \$36,000 for Willard State Hospital contained in the appropriation act of 1941 provides for water supply including a tank. Chapter 930 reappropriates \$30,000 of this, and the language was corrected to permit the repair of the reservoir.

Chapter 930 also increases the amount appropriated to Harlem Valley and Letchworth Village for the purchase of trucks.

Chapter 930 appropriates \$75,000 to the Temporary Commission on State Hospital Problems to continue its project of surveying some of the State hospitals to determine the possibility of better use of parole and family care as well as of the various forms of therapy for the patients.

Chapter 264 removes the \$6 a week limit for payment of family care for patients. This act will provide a much better flexibility in obtaining suitable placement for family care patients than was possible hitherto. The amount available to pay for family care patients will continue to be transferred from sums appropriated for personal service and for maintenance and operation of the various institutions.

Chapter 15 provides that every appropriation shall lapse on the 15th day of November next succeeding the close of the fiscal year, when such appropriation ceases.

Chapter 322 requires that the public notice of the letting of contracts shall be advertised in a newspaper published in the city of Albany and in such other newspapers as will most likely give adequate notice of the letting of such contract.

Chapter 92 provides \$500,000 to be made immediately available to sponsor contributions to WPA projects. It is expected that a fair proportion of this amount will be allotted to the Department for its use in sponsoring WPA projects.

Chapter 660 creates a postwar public works planning commission to compile lists of various necessary capital improvements together with their plans and estimated costs so that they would be available to relieve a post-war depression. Four hundred and fifty thousand dollars was appropriated for this purpose.

Chapter 721 provides \$100 annual increases for institutional employees not under the Feld-Hamilton Act who receive a salary of \$1,500 or less exclusive of maintenance. The sum of \$1,520,000 was appropriated to pay for the additional cost. For this group, increases for time service or other statutory increases were suspended.

Chapter 797 empowers the Director of the Budget to determine what portion of the appropriation made to State departments or agencies for the repair and servicing of typewriters should be allotted so that he could transfer such amounts to the Division of Standards and Purchase where a central system of purchasing, servicing and repair approval for typewriters could be set up. This act also prohibits any department, institution or

agency from purchasing, repairing or servicing any typewriter except as permitted by the Division of Standards and Purchase. This act was effective immediately.

Senate Int. No. 1482, Print No. 2051 was introduced at the request of the Department of Audit and Control to alter the present system of submitting estimates to the Department of Audit and Control and the Division of Standards and Purchase for their prior approval. The plan was to eliminate these estimates for most purchases and to submit in their stead an order approved by the Department. This bill met violent opposition on the part of the Department and was vetoed by the Governor.

MENTAL HYGIENE

Chapter 375 authorizes the conveyance of certain lands through the grounds of Creedmoor State Hospital in Queens County and at the site of Willowbrook State School in Richmond County to the City of New York in consideration of the conveyance of certain lands of that city.

Chapter 133 repeals Section 61 of the Mental Hygiene Law and provides that, effective July 1, 1943, salaries for institutional employees shall be fixed in accordance with the provisions of the Feld-Hamilton Law. It further defines the positions of nurses in the hospital service as being in the sub-professional service. This is the act which placed institutional employees under the Feld-Hamilton provisions so that their classifications, salary ranges, etc., will be comparable to those of other State employees. The Division of the Budget is in the process of making studies to determine how maintenance shall be computed in relation to such salaries.

Chapter 581 requires that copies of commitment papers for a patient committed to Craig Colony shall be filed in the office of the clerk of the county in which the patient was committed.

Chapter 583 authorizes conveyance of certain land occupied by Kings Park State Hospital to the town of Smithtown in Suffolk County.

Assembly Int. No. 1683, Print 2638, would have authorized the selling of certain lands which are part of Willard State Hospital at public auction. This was vetoed.

Chapter 630 provides the name of Willowbrook State School and establishes the administrative machinery for initiating that institution.

Chapter 801 provides the name for Edgewood State Hospital and establishes the administrative machinery for that institution.

Senate Int. No. 1717, Print No. 2267, was introduced at the request of the Department. These proposed amendments were designed to change Sections 658 and 870 of the Code of Criminal Procedure so that the Department

of Mental Hygiene could release patients admitted under these sections when they were no longer dangerous to the public peace and safety, even though they were not recovered sufficiently so that they could understand the charges against them. It also would have permitted the commitment of such patients to State schools for mental defectives when that was indicated and the transfer of patients between State hospitals and State schools if that became necessary. This bill was carefully considered by the Department of Mental Hygiene, the Department of Correction, the State Charities Aid Association and other interested parties prior to submission to the Legislature. It encountered no opposition from the Legislature and was quickly passed. However, opposition became evident while it was under consideration by the Governor, particularly from judges of the metropolitan area of New York. The Governor vetoed this bill because of the opposition, with the stipulation that it should be carefully reviewed before the meeting of the next Legislature by the various parties who registered opposition. The Governor is in hopes that some suitable compromise measure can be introduced next year.

Chapter 747 was introduced at the request of the Health Preparedness Commission, which was designated by the Governor to study the reimbursement program of the Department and make recommendations for its reorganization. The various legislative changes incorporated in this act were recommended by the Department with the exception of the amendment to the Code of Criminal Procedure. This amendment was incorporated by the counsel to the Governor on the approval of the Department and the Health Preparedness Commission.

This act also appropriates \$100,000 to the Department of Mental Hygiene to enlarge its reimbursement staff and provide expenses necessary for the reorganization of the bureau. It is expected that the reorganized program when fully in effect, will provide a material increase in the revenue of the State of New York for the care of patients in State mental hygiene institutions. This act became effective immediately.

PENSIONS

Chapter 596 allows credit for prior service to persons becoming members of the State Retirement System on or before January 1, 1943.

Chapter 645 allows the payment in case of death of the retired member to the person designated if living, otherwise to the estate.

Chapter 370 allows additional contributions to State employees retirement system to be applied to provide an annuity which is the actuarial equivalent thereof on the basis of mortality table and interest rate as authorized by the State Comptroller.

Chapter 857 permits members of the retirement system to have credit for time absent without pay while engaged in defense duties in computing service and final average salary, effective until six months after termination of the war.

CIVIL SERVICE

Senate Int. No. 303, Print No. 2030, required that hearings be given by the officer or body having power of removal, to any competitive employee removed on charges. This was vetoed.

Chapter 282 prohibits disqualification of a person registering for a promotion civil service examination because of age.

Chapter 268 makes it a misdemeanor to defeat, deceive or obstruct any person in respect to his right of certification, appointment, promotion or reinstatement in the civil service.

Assembly Int. No. 1440, Print 1692, was designed to allow a State official about to make charges for the removal of an employee, to request the Civil Service Commission to make, after a hearing, an advisory determination from which no appeal to the commission could be taken. This was vetoed.

Senate Int. No. 1387, Print 1676, was designed to extend to veterans of the Second World War the privilege of veterans of other wars, to be removed only after hearings. This was vetoed.

Assembly Int. No. 1836, Print No. 2222, was intended to eliminate the necessity for estimates for paying compensation for personal service in the Department. This bill was identified with the bill previously mentioned which was intended to eliminate estimates and also received the opposition of the Department. This bill was vetoed.

Chapter 381. This act extends the date allowing the division of classification to classify properly titles under the Feld-Hamilton provisions. This was done to allow the institutions sufficient time to be properly classified. An additional item was added however, to the effect that no employee shall board or lodge away from any institution or hospital which regularly furnishes food, lodging or maintenance without the permission of the head of the institution or department by which he is employed. The Director of the Budget is empowered to deduct from the salary of any employee who fails to obtain such permission the fair value of food, lodging or maintenance which such institution or hospital has offered to furnish.

LABOR LAWS

Chapter 208 provides that any employee in the competitive class in the Division of Placement and Unemployment Insurance, who is inducted into the Federal service shall have the privilege of resigning from his Federal position and have his name placed on the preferred list for any comparable State position. Such preferred lists shall be good for four years from the date of induction into Federal service.

Chapter 350 extends to employees protecting buildings or grounds of State institutions the privilege of the eight-hour day and six-day week.

Chapter 824 provides that anchors shall be installed and maintained on certain public buildings of multiple construction as a means for the protection of window cleaners.

Chapter 828 prohibits the employment of children under 18 in State institutions when such employment relates to the custody or care of prisoners or inmates.

CONTRACTS AND BONDS

Chapter 158 sets up fees which may be paid to newspapers for publishing legal advertisements.

MEDICAL PRACTICE

Chapter 1 extends until one year after the end of the present war the time when practice of nursing by other than registered or practical nurses shall be prohibited.

Chapter 289 provides that after January 1, 1943, a candidate for admission to a practical examination for the practice of pharmacy is not required to have one year of pharmaceutical experience in a registered pharmacy or drugstore if graduated from a pharmacy school.

Chapter 593 stipulates that the present restriction on the practice of medicine shall not prevent practice by an interne actually serving in any political subdivision of the State or in any State hospital.

Chapter 534 requires all public hospitals to admit for emergencies any person found unconscious, seriously ill or in a wounded condition. Hospitalization must be provided if the safety or health of such person requires it.

Chapter 436 provides that any person who after July 1, 1940, and until July 1, 1943, is inducted into the military service and is licensed to practice medicine, dentistry, etc., may until three months after the termination of military service apply for the the renewal of his license without examination.

Chapter 902 changes from July 1, 1942, to July 1, 1943, the effective date of the act permitting the practice of medicine by persons who have graduated or passed certain courses in this country, Canada or foreign countries in schools maintaining a standard not lower than that obtaining in medical schools of this State if that practice is performed in legally incorporated State hospitals or other State institutions.

MISCELLANEOUS

Chapter 917 establishes a temporary commission to study and investigate the fiscal affairs of State government and the financial needs of each State department, and prepare a system of priorities in emergencies. A report is to be made on or before February 1, 1943. The sum of \$50,000 was appropriated to this commission.

Assembly Int. No. 496, Print No. 512, was intended to transfer to the State the cost of maintenance of patients committed under the Code of Criminal Procedure, pending trial. This was vetoed.

Chapter 726 protects the tenure and other civil service rights of public employees enlisting or being inducted under the Selective Service Act or any other act of Congress.

Assembly Int. No. 571, Print No. 2556, was designed to permit the authorities of Ogdensburg to tax for school purposes State property incorporated in the St. Lawrence State Hospital. This was vetoed.

Chapter 298 provides that when the United States or any agency or officer thereof offers equipment, supplies and materials or funds for defense purposes, they may be accepted subject to the terms of the offer and the rules of the Federal agency if approved by the State Council of Defense. Such acceptances must be made however, by the Government of the State or by the governing body of any political subdivision of the State. The same authority is extended for the offer of equipment or supplies for defense purposes by any person, firm or corporation.

Chapter 10 authorizes the advancing of eastern standard time one hour to be known as eastern war time until July 1, 1943.

Chapter 150 establishes the last Thursday in November as the official date for Thanksgiving.

Chapter 724 provides that the name of any person on any eligible list who has been reached for certification during his military duty shall be placed on the preferred list in the order of his original standing if requested after 60 days of his military duty. Such a name shall remain on such an eligible list for a period of two years after termination of such military

duty. It further provides that any public employee who is absent on military duty shall be credited with the average of efficiency ratings which he received for three periods immediately prior to his absence on military duty but such ratings not to be less than the passing grade during such a period of absence. Also, in computing seniority and service requirements for promotion eligibility, such a period of military duty shall be counted as service in the position held by such an employee.

Chapter 255 provides that only employees who are members of the national guard with memberships dating prior to February 11, 1942, shall be entitled to differential in pay if they are inducted into the active military forces as well as 30 days separation pay.

Chapter 505 provides that employees who are members of any pension or retirement system, may retain membership in such a system if they have been inducted into the armed forces and continue payments into the fund.

Chapter 284 provides for copies of the report on the sanity of a defendant tried in accordance with the provisions of Section 662-a of the Code of Criminal Procedure, to be served on the district attorney and the counsel for the defense and allows both an opportunity to be heard.

Chapter 727 further limits the payment of salary differential to an employee inducted into the armed services, subsequently discharged and later inducted again into the armed forces.

Senate Int. No. 1682, Print 2105, and Assembly Int. 2063, Print No. 2693, was intended to eliminate the provision requiring approval by the Governor of rules established by the Division of Standards and Purchase. This met opposition by the Department as well as other State departments and consequently failed of passage. This would in effect have allowed the Division of Standards and Purchase to make its own rules which would be binding on other State departments. It was believed that this was a dangerous practice to allow.

Chapter 759 authorizes the Budget Director, on certification of any department or board, to dispose of property or buildings or other improvements on State lands which are unfit or not needed, either by sale or demolition.

Chapter 277 authorizes the Governor until July 1, 1943, to lease or lend real or personal property or transfer personnel to United States armed forces or to any municipality. It is under the provisions of this chapter that the transfer of any State institutions to the Federal government or any municipality would be authorized.

Chapter 445 is a very important act. It establishes war councils and defines their powers and duties. It would bear careful study.

Chapter 544 contains the same provisions as in Chapter 445 but gives additional powers and will also bear careful study.

Chapter 725 provides that a public employee who accepts appointment as substitute for a person absent on military duty shall be granted leave of absence from former position until termination of employment and vacancy resulting therefore shall be filled in like manner only when public interest requires and then only by substitute appointment; service of substitute employee may be terminated at any time in discretion of appointing officer.

Assembly Int. No. 1175, Print No. 1347, attempted to legalize assessments for the period 1934-1941 for dust prevention and 1935-1941, for snow cleaning charged to adjoining property owners one of which would be Rochester State Hospital. This was vetoed.

Chapter 840 allows the suspension of powers of an incompetent's committee who is engaged in war service and appointment of a successor, the original committee to be reinstated after termination of the present war.

RESOLUTIONS

Senator Griffith and Mr. Howell submitted a resolution to investigate the administration and operation of laws generally relating to the civil service and provided for a report on July 1, 1942. This was adopted on April 22.

REMARKS

The 1942 session of the Legislature produced many bills of interest to the Department, some of which were definitely controversial. The Department sponsored three bills and actively intervened for passage of a fourth. Many of the bills introduced were colored in their content by the existing war emergency. There appeared to be a general desire on the part of the Legislature and the Governor to cooperate in the passage of legislation which would be of the most benefit to the State as a whole and would foster the war program.

The writer exercised his judgment in the selection of bills for consideration in this article. Due to the great number of bills introduced, it is quite possible that some of interest to the Department were overlooked. It is also quite possible that some have been incorrectly interpreted.

The writer wishes to thank Miss West of the Albany staff for her splendid and painstaking work in assembling and correlating the material for this summary.

Department of Mental Hygiene
Albany, N. Y.

MEMORIAL TRIBUTE TO DR. WILLIAM C. GARVIN*

BY RUSSELL E. BLAISDELL, M. D.

The friends of Dr. William Creighton Garvin were saddened to learn of his death on Friday, April 3, 1942, after a lingering illness in his home at Binghamton State Hospital.

Dr. Garvin was born November 30, 1873, in Philadelphia, and he received his early education and training in that city and New York. Subsequently, he lived in southern Colorado to which place his family had moved. There, he was graduated from Alamosa High School. He was engaged in mining with his father, a metallurgist and geologist, until he returned east to enter the New York Preparatory School and later Columbia University. He took special courses at Columbia for two years and then entered the College of Physicians and Surgeons, Columbia University, graduating in 1903. He then took a competitive examination for internship in the City Hospital, New York City, where he served 20 months. Subsequently he held an internship in the Lying-In and Foundling Hospitals, New York City.

Dr. Garvin entered the State hospital service in 1905, resigned the following year, reentered in July, 1907, and served in the capacity of assistant and senior assistant physician in Manhattan State Hospital. He married Cecelia M. Sillico in 1914. In that year, he spent six months in Europe—the most of this time in Vienna and Berlin attending psychiatric and neurological clinics.

Dr. Garvin was appointed first assistant physician at Kings Park in 1915 and promoted to the position of superintendent August 1, 1918, following the death of the late William Austin Macy.

On May 15, 1924, Dr. Garvin was transferred from the superintendency of Kings Park State Hospital to that of Binghamton State Hospital where he served until his death.

Under the stimulating influence of Meyer, Hoch and Kirby at Ward's Island, Dr. Garvin became deeply interested in the study of psychiatry and attained a remarkable grasp on the dynamic mechanisms of mental disorders and personality reactions. He never lost his clinical enthusiasm when, in later years, much of his time was taken up with administrative details. He seldom failed to attend staff meetings and to participate in the examinations and discussions of patients' activities, which he utilized in an effective man-

*Read at the Quarterly Conference at Albany, April 18, 1942.

ner as opportunities for the instruction of the junior members of his staff. He also organized courses of instruction for the hospital physicians. He never lost sight of the fact that the most important work in the hospital was that which had directly to do with the welfare of the individual patients; and, to that end, he spent much of his time visiting the wards and insisted that his assistants should make rounds frequently.

During his administration at Kings Park, the hospital developed in size and usefulness. Dr. Garvin was responsible for the development and extension of the parole and after-care system and social service, the organizing of a hospital medical society, the extending of occupational therapy and habit training classes, and also for the developing of a special unit for ex-service patients. The plans for this Veterans' Memorial Hospital were prepared in collaboration with the State architect and were drawn to put into effect Dr. Garvin's conception of the functions of this unit.

Dr. Garvin was one of the first to recognize and call attention to the need for special facilities for children, of whom quite a number had been admitted to the metropolitan State hospitals in the early twenties. He set aside two cottages for children and organized a service which did pioneer work in this field. Later, buildings for the psychiatric care and treatment of children were constructed at Rockland State Hospital. Dr. Garvin was largely responsible for the focusing of attention on this need and it was chiefly due to his vision and foresight that provision was made for this special type of patient at one of the new State hospitals then under construction.

At Binghamton, Dr. Garvin promoted mental hygiene in his hospital district and encouraged the members of his staff to participate actively in this field. For a number of years, he was chairman of the construction committee of the Department of Mental Hygiene at a time when the amount of new construction in the Department was at its highest peak. His voice was frequently heard in meetings of the Department, and his opinions were accepted with the highest respect.

Dr. Garvin wrote on both clinical and administrative subjects and was a member of many scientific bodies including the American Psychiatric Association, the New York Society for Clinical Psychiatry, the American Psychopathological Association, the New York Academy of Medicine and the American Medical Association. He is survived by his wife, two sons, a daughter and two grandchildren.

IN MEMORIAM--DR. WILLIAM C. GARVIN*

Dr. William C. Garvin was appointed superintendent of Binghamton State Hospital May 15, 1924, and served in that capacity until the date of his death on April 3, 1942.

He entered the State service at Manhattan State Hospital, Ward's Island, in 1905, the date of the opening of that institution. In 1915, he was promoted to the position of first assistant superintendent at Kings Park State Hospital. In 1918, he was appointed superintendent of that institution and served in that capacity until he came to Binghamton.

Dr. Garvin was exceedingly well qualified and equipped to perform the duties of superintendent of our hospital when he came to us. Several of the present members of the board of visitors were acting in that capacity when Dr. Garvin received his appointment as superintendent in 1924. And we can all attest to the enthusiasm and the masterly manner in which he entered upon and performed his duties as superintendent.

While Dr. Garvin had years of experience behind him and was well equipped intellectually for the work he was called upon to perform, he possessed other very important attributes of character which served to make him an outstanding success as superintendent of a hospital for those suffering from mental illness. He was patient, kind and sympathetic. He was always sincerely devoted to healing and alleviating the sufferings of the unfortunate wards who were entrusted to his care.

At the time of his death Dr. Garvin was one of the outstanding psychiatrists and superintendents of mental hygiene hospitals in the State of New York.

Dr. Garvin was also a great asset to the community in which he lived. He was interested in every good and worthwhile civic enterprise. He gave unstintingly of himself, his talents and his means. He made important and lasting contributions to the cultural welfare of this whole community. In addition to all the other fine qualities which he possessed, Dr. Garvin was an enjoyable companion, a wise counselor and a devoted friend.

His death was a great shock to all members of the board of visitors of our hospital. We shall miss him greatly throughout the years that may be spared to us. His form has vanished and his voice is stilled, but we shall always remember him and nothing can silence the echoes which will persistently remain.

To Mrs. Garvin and her family we extend our sincere sympathy in their great sorrow.

BOARD OF VISITORS BINGHAMTON STATE HOSPITAL

Harry A. Yetter, *Secretary*.

*Adopted by the Board of Visitors, Binghamton State Hospital.

MINUTES OF THE QUARTERLY CONFERENCE

APRIL 18, 1942

The Quarterly Conference of the Commissioner of Mental Hygiene with the superintendents and visitors of the Department's institutions was conducted at the State Office Building, Albany, on April 18. The morning session was devoted largely to the problem of reducing the State hospital population; and the afternoon was given over principally to the discussion of neurological and psychiatric examinations by the armed forces and selective service system.

There was a large representation from psychiatric and social work fields outside the Department for the morning discussion and from the medical services of the armed forces and the selective service system for that of the afternoon. Seventy Conference members and invited guests were present. The Honorable William J. Tiffany, M. D., Commissioner of Mental Hygiene, was in the chair.

The CHAIRMAN: The Conference will please come to order. You will recall that a little over a year ago the Governor appointed a temporary commission, of which Mr. Homer Folks is the chairman, to study ways and means to prevent the admission of patients into our institutions, to promote therapeutic measures for those in the institutions, and to expedite their parole and family care; in other words, to do everything possible for the benefit of our patients and for the reduction of the hospital population. It is about that—the progress of this Temporary Commission on State Hospital Problems—not the findings of the commission, which Mr. Folks wishes to talk about. He needs no introduction to this audience, I am sure. Mr. Folks.

Mr. FOLKS (Secretary of State Charities Aid Association and chairman of the Temporary Commission on State Hospital Problems): I am glad the Commissioner made that modest change in the title of what I am talking about this morning. We have gone along with our looking into things and trying to understand them, but we haven't formulated findings as yet. We hope to before long. We entered upon this study with no special opinions or conclusions as to where we would come out. We are trying to follow facts wherever they take us. I have changed my mind, sometimes twice, on a given subject up to now, and how much more changing there will be I do not know. So I am here to give you, in a hasty, brief and fragmentary way, some little account of our progress. But I am also here to do that for a particular reason.

These are days of selective service and of conscription, and of being called on to do things and not being expected to argue too much about it, but to take hold. My specific object in talking to you superintendents this morning, primarily to superintendents, is to conscript you under the Selective Service Act for the duration of the existence of the commission as advisory members thereof, and I wish to emphasize the fact that we will be most appreciative of any comments or suggestions from you. We know in advance that we have your cooperation in specific undertakings. What I am asking now is that we wish and need your very serious reflection and thought on the subjects we are dealing with. As chairman of the commission, and I know the same is true of all members of the commission, we shall appreciate most heartily any suggestions, any comments, any conclusions or tentative conclusions and ideas which you arrive at, at the present time or later, in regard to the subjects we are trying to deal with. We were pushed into this thing, and we are going to try to find our way through, but the wisest judgment and consensus of all of us are not too good for the problems we have in hand.

As the Commissioner suggested, we were to look into ways of diminishing the rate of growth of the hospital population. To reduce the population would be a more ambitious goal. I assume it isn't possible to do that, but we were told to see in what ways the rate of growth of population of the hospitals could be diminished suitably and properly and in the interests of the community and of the patients themselves. We were told three or four things we should inquire into. We have thus far studied practically but two, but the two that seem to us to be the more important and immediate. Now the two that we have dealt with, as most of you know, are first, the matter of the newer treatments of patients, more particularly the insulin, metrazol and electric shock treatments, and second, the question of whether paroles could be increased in numbers and brought about earlier, suitably and safely, and whether family care could not be significantly increased with benefit to the hospitals and with benefit to the patients.

We started out with no set conclusions on these subjects. Among other things that might have a place in the subject matter, would be the question of admissions and of ways and means by which, perhaps, some groups or types might be prevented from coming into the hospitals. There may have crept into the attitude of psychiatrists and the courts, traditions as to commitments which might involve unnecessary numbers.

Then there is the public health problem, more particularly in regard to syphilis, but that is just a question of mathematics, the rate of speed. We know it is on the way to elimination.

There is another thing we should look into; that is the question of vitamins and the fact of the absence of certain vitamins in regard to mental capacity and mental health. If this were the state of Alabama, or another southern state, it would be extremely important. It still is, although its importance is less clear as to scope. I am told some very interesting work is being done in Minnesota in regard to the effect of diet, better planned from the point of view of vitamins, on mental disorders. At least we hope to get in touch with that problem.

In regard to treatments, you recall, all of you of course, the course of instruction so to speak, that was carried on at the Harlem Valley State Hospital in 1936 under the direction of Dr. Sakel. You know that the different hospitals, practically all of them in varying degrees and with considerable variance in modes of treatment, have given, more or less, treatments by insulin, by metrazol, and more recently, by electric shock. There were papers on the results of these treatments before this commission was appointed. Obviously the number of patients treated, which now exceeds 7,000, by one or the other of these methods, is by far the largest group of patients—I think anywhere—that has had such treatment. Our primary job, then, was to extract from that mass of information about 7,000 patients, the significance of the results of such treatment.

The Commissioner was good enough to place at our disposal the research department; and some 15 studies on specific and particular aspects of that problem, or on that particular group of patients, have been made in bringing the information up to date. When I had the pleasure of meeting with you last December in New York City, I submitted to you a rather formidable set of statistics which included the results of some of those studies. I think there was no dissent from the conclusion. There were very significant facts, and they pointed to a new range of possibilities of the greatest possible importance.

Since then, we have tried to go somewhat further and not only to know what has happened to these particular patients, but to be able to compare those results with what happened to patients who did not receive any form of this particular type of treatment, and to collect information from other avenues, and to look into the various statements that have been made here and there in various places—statements which range from the highest praise to a complete denial of any value at all. That has occupied a good bit of our time since then. When we came to compare the results of cases treated by one of those methods with those not so treated, we ran into very real difficulties. We do know what happened to the treated patients by followup studies. We have as good a line of data, as complete and as dependable, as we are likely to have. On the other hand—it was a surprise to me to find

it to be the case—it is not easy to extract, and I am underestimating it when I say that it is not easy to make similar studies of what has happened to the run-of-the-mine patients, to the huge number coming into the hospitals with dementia praecox who have not been so treated. That is because of the statistical nature of our special studies. We picked out 1,000 or 2,000 consecutive cases and followed those through to a certain later date, for one, three, or four or five years. All the other statistical material from other studies was based on the rate of recovery, or improvement, etc., on the total number under care during a given period in this manner. You include each year many of the same patients over again, plus some new ones, and your figures are incomparable with, and less significant than, figures which take up certain numbers of patients consecutively, follow them through and indicate as nearly as possible what has happened to these patients.

I shall not try to stick closely to the very fragmentary notes I have because I would not have time. We have had the benefit of Dr. Lowell J. Reed's analysis. He is head of biostatistics of the School of Hygiene and Public Health of Johns Hopkins University. He gave us over three days of examination into this material, which Dr. Pollock and Dr. Malzberg had worked out, and he found it very significant. He suggested supplementary studies, and those, we have been carrying on.

There is one particular phase of this thing which indicates some of the complications of dealing with it. Dr. Sakel had a definite method of using insulin treatment; it is far from me to describe those things, and I think nobody knows the dynamics of it. It was very natural, as different hospitals carried this on with different physicians, that there would be considerable variations in the methods of doing it. We have added together figures of insulin-treated patients irrespective of the particular mode of insulin treatment, or irrespective of the particular stage or degree to which it went. In fact, we did not have any data to go on in that respect.

Now there are two alternatives we have to consider there. Dr. Sakel had had only a few, a relatively small number, of patients when he met with us in 1936. He was not applying the treatment to very large numbers. Over a period of four or five years, the methods are likely to improve and sounder judgments of the value of various phases of treatment, and of the extent to which it could go would be had. It was not undesirable to have different forms and stages tried out and the results observed. That is one way of thinking of it. On the other hand, perhaps it is one of those things in which the very latest stage is all-important; and as Dr. Sakel would hold, it may be the case that the actual and conclusive factor takes place in the very last stage, as was indicated by him. Until very lately, that has been to my mind a matter solely of opinion. Now, for the first time within my particular

knowledge, we have some actual statistical material, very carefully gotten together by a very competent person in regard to that very question and I think it must enter rather seriously into our thought of this study from now on. Doctors Rivers and Bond of the Pennsylvania Hospital presented last November to the American Psychiatric Association reports on their insulin-treated cases. They divided them into groups A and B. Group A consisted of all those treated the first year; Group B was formed of those treated after that. Group B patients were all treated on what you might call the original plan of a more intensive form of treatment. I believe that that change on the physicians' part may have been due to a visit to one of our own State hospitals. Under my earlier impression, there was probably no important difference in results between Groups A and B, between the "almost-treated" patients and "fully-treated" patients. Now Dr. Bond's figures show the contrary. It seems to me they give us very serious food for thought. On discharge, the Group A cases have 44 per cent of remissions, whereas Group B has 58 per cent. Every subsequent period at which the figures were put together, under a year, Group A was 34 per cent still, so to speak, recovered—Group B 51 per cent. That is a very substantial difference. The only difference in the groups was that difference between the earlier and the later modes of the treatment. These figures are in the November, 1941, *Journal of the American Psychiatric Association*, page 382. They form one of the things I want you to take a serious look at, and give us your individual thoughts. I know the Commissioner will back me up on this. Give us the best of your judgment as individual psychiatrists.

We have delayed further, because of the great importance the electric shock treatments seem to be taking on; they are much newer than other shock treatments; there are much smaller numbers; the results are over a much shorter time; but I think electric shock may prove to be as useful as it is now suggested that it may be. That is a matter of extreme importance. I believe the budget, the revised supplemental budget, has provision in it for additional treatment facilities of that nature which, unless something happens between now and next week, when the law-makers take their ways home from the legislative halls, might make it possible for any of the hospitals wishing to proceed with that method, to have the facilities so to do.

Consideration is to be given to arriving at some opinion on the value of the different modes of treatment. I haven't changed my impression since last December, but I am desirous of having more conclusive material to prove it, and I hope that within a month or two we may be able to have that, that we may come to a final opinion. So much for the treatment.

Now, the second subject, the possibilities of earlier paroles, of additional paroles and of family care. As you know, the Legislature a year ago put a

fair sum of money at our disposal as a temporary commission, to place in turn at the disposal of two or three hospitals to see whether it was possible to find out whether additional psychiatric service and additional psychiatric social service work would result, and could be expected to result, in a larger number of patients being placed on parole or in family care. I think most of you are familiar with the work that has been done in Central Islip and in Marcy, and I expect that Dr. Wright and Dr. Corcoran will speak of that when they end the discussion. I would like to say only in substance, that we have had most complete cooperation and sympathetic cooperation, not only on the part of the Department itself as a whole, but on the part of these two hospitals concerned. To say that, is to say a good deal, because the work is somewhat new and somewhat difficult.

The point was that in a given service the psychiatrist in charge is in fact a great deal, a good deal more than a psychiatrist, he has many kinds of odds and ends of medical work to do; and as time has gone on, such work has developed to a great extent. I think you would agree with what has been expressed to me, that it is very difficult for a psychiatrist in charge of a group of several hundred people to keep doing a really adequate psychiatric job on those patients, that is to say, to bear in mind as to each: "Why did the patient come? What has happened to him here? How long before he reaches a stage where he can be paroled or placed in family care?" Therefore, the idea of Dr. Frank F. Tallman, as director of the parole and family care study, and of myself, was to place at the service of the hospital, to be in turn assigned to a particular service, an additional physician who would do all the odds and ends of work to relieve the psychiatrist. These physicians would help sufficiently, so that the psychiatrists could give practically their undivided attention to the close personal survey of each patient in their services, having in mind whether that patient could with advantage be placed in family care, or on parole. That was something new; and the results, in general, have indicated that there are very good possibilities. I think we realize more, perhaps, the types of patients coming into the hospitals and the great difficulty of getting them out, especially those having no homes or family ties.

I have with me one figure which I received only yesterday and which to my mind is pretty important. You know the grave difficulty of dealing with homeless patients who may have recovered substantially from their mental difficulty but have nowhere to go, no families to advise them, no families to help them find jobs, no families to shelter them, and gradually help them in their return to community life. The number of homeless people in this State is great. Among people on relief, as of February, 1942, there were 131,007 homeless and unattached persons. That comprises 40 per cent of the total

number of relief cases. The figure has come down from 221,000 since August, 1935. We must have been receiving homeless and unattached individuals in substantial numbers in the State hospital population. I mention that to emphasize the special nature of the problems that have to be considered, and the special steps taken to get back out of the hospital into the community those homeless persons who had psychoses and were properly committed, but have reached a stage where, if they had families, they could go home without any question.

I do not think it does a bit of harm for us to bear in mind the fact that there is a trend in the State hospitals toward the retention, not active retention but passive retention, of patients because we do not know what to do with them. We might establish homes for aged persons, men and women, who have had mental trouble, and have recovered, and are homeless; but this is not incumbent on the State hospital system, it is not part of its duty, and the system cannot perform the rest of its duties to the greatest advantage, unless it can be rid of the load of homeless patients who are unattached and who have been properly committed but who do not have to remain. I think there is a large number of such. Now, the percentage of cases that have been examined at Marey and Central Islip is very considerable. The total number of patients who have been looked over is 6,947. Something like a total of 10 per cent of those cases have been considered eligible for parole or family care by the hospital psychiatrists themselves, by the physician in charge of the service, and with the subsequent approval and confirmation of whoever has that duty in the hospital. The percentage, to my mind, is not surprising. It is not in any sense a ground for criticism of those hospitals, or of any other hospital in which a relatively like state of affairs exists. The State of New York is having difficult going. I think that the cooperative spirit and attitude of hospital superintendents and authorities in looking into this situation is the finest evidence of their open-mindedness and their desire to do what can be done to relieve or diminish the rate of growth of the population of the hospitals. If nothing can be done on this line, then we shall have to do something else; but if something can be done, it is a substantial contribution in a most difficult period to the progress of the State of New York.

Just one comment, our part as a temporary commission is seeing that the thing works along. Our medical psychiatrist, as director, visits the hospitals to discuss the plan with them. When it is in operation, he is available for consultation and suggestion. No member of the staff of the State commission, is in any position to assume any responsibility as to who shall be placed out, or by what method, or when, or where, or how. It is simply a cooperative, consultative, advisory connection. I say that and I emphasize

it, because if, at any time any member of our staff should go beyond that, he is off the track. There is no possible doubt that we should and must maintain this work and try to reach conclusions about it.

By a survey of the individual patients, I hope and believe we have opened the way for more psychiatric service in the future and also for a study of the problem of the reemployment of patients, of their ability to go out and ability to establish themselves.

I would like now to leave my capacity as temporary commission chairman, and to say a few words to you in an older relation as secretary of the State Charities Aid Association. I am much more at home in that job and know my way around better there. I have been trying to look a little bit into the immediate future as to the conditions and circumstances under which the Department as a whole will be laboring. Two or three items are on the favorable side, more are on the difficult side. We were all sorry last year that the legislation for the bond issue for new buildings was not passed. We never found out why. Now we know that it would not have been any good to us if it had been passed for we could not spend the money for new construction for the duration; and the duration begins to stretch out, and nobody knows where or when it will end. The war isn't going to be finished quickly; and, therefore, as far as I can see, we cannot hope for any new construction for a considerable period. There will be a commission on post-war construction and we should be in on that but it doesn't look as if we would get any early relief that way.

Whatever we can do to prevent overcrowding, which is now 16 per cent, from running into 33 per cent, will have to be done by some means of diminishing the rate of growth of the census of the hospitals by more treatments, or by earlier parole, or by family care.

The Commissioner has done a wonderful thing in getting the ceiling taken off the amount we can pay for boarding-out patients. We recognize the rising costs of maintenance, the rising costs of buildings, the extreme difficulty of securing attendants, the decided difficulties in regard to medical and nursing staffs, but what to me may become a more serious problem is the extent of tuberculosis in the State hospitals. There again, I am on ground with which I am more familiar. It is something of a shock to know that of 6,247 deaths from tuberculosis in New York State in 1940 there were 515, or 8.2 per cent, in the mental hygiene institutions. The State hospitals have .6 per cent of the population but have 8 per cent of the tuberculosis deaths, or a tuberculosis death rate of 586 per 100,000 as against 40 for the total population of the State, and against an up-State rate of 34. We realize the imperative necessity of the effective isolation of active tuberculosis cases whether in hospitals or out of them.

With all these difficulties, there is a favorable factor in the rising tide of demand for employment; it is easier to find places for recovered patients. I just want you to think a minute about all these difficulties and what we can do in spite of them. What occurs to me, as it has in similar circumstances, is the celebrated report from Marshal Foch when the Germans were approaching Paris in the first World War. He reported, "My left is broken, my right is in serious danger, in the center I attack." I think that is the attitude we shall pretty soon have to take. I do not know how much more difficult all the circumstances and conditions are going to be, but I think the only possible answer is to advance. I do not say that in any way but a realistic one; I know that two and two still make four and two and one make only three, that the hours of the day have not been changed and no one person can work beyond his limit; but what I do have in mind is this, that the answer to your situation is to bring into conscious review all the things we are now doing, all the procedures we now have, and at the same time all the things we ought to do if we had more money and more staff, and out of that total picture make a new evaluation of the present needs and of the significance of each of those procedures and activities which have grown up over a long period, and to raise the question as to which of these things, including the old and the new, under the present circumstances can be left undone with least harm. If we do that, I think we can come through our difficulties, whatever the length of time may be, doing better work instead of less good work than in the past.

The CHAIRMAN: Thank you, Mr. Folks. I am sure we appreciate very much what you have said and will take to heart the advice you have given us.

Mr. Folks' comments are now before the Conference for discussion. I will call on Dr. Bellinger to begin with the discussion of the part relating to shock therapy. I hope in your discussion, Dr. Bellinger, you will mention the arrangements that have been made for the members of the staffs of the various hospitals to visit Brooklyn.

Dr. BELLINGER (Brooklyn State Hospital): At Brooklyn, where we have a large admission rate, we have been able to give a thorough trial to the newer methods of treatment including shock therapy. Of the 1,000 patients treated with insulin, 61.8 per cent were paroled; and later, 43.5 per cent were discharged at the expiration of one year of parole. Of those discharged, 185, or 18.5 per cent, were considered as recovered; 165, or 16.5 per cent, as much improved, and 85, or 8.5 per cent, as improved. Recently a study has been made which consisted of an attempt to match each case with a suitable control. This necessitated using for control purposes,

cases of admissions to the hospital some 20 years ago. If this study is to be of definite value, additional time must be spent in checking up the control group.

At Brooklyn, we admit a considerable number of early schizophrenics. They are introverts; and unquestionably they are beginning cases of schizophrenia who come into the hospital usually in a state of panic or acute excitement. Many of these patients, after three or four weeks, show marked improvement. The relatives feel that they do not need shock therapy and begin to plan to take them home. Accordingly, these patients are paroled without receiving this form of treatment. I think it would be of interest to have a further study of these cases made to determine, if possible, what has happened to them. I have been under the impression that many of these patients who leave the hospital after a residence of three or four weeks return in a year or two with much more serious manifestations of schizophrenia. However, I must say we have no statistics with which to justify this opinion. I am certain it would be of great interest and value to make a thorough study of the control group to ascertain just what has happened to this large number of patients following their discharges from the hospital.

Up to the present time, we have treated 1,452 patients with insulin, of which number a little more than 61 per cent improved to a degree that they were able to leave the hospital on parole; and eventually, 43.5 per cent of the first 1,000 were discharged at the expiration of the parole period.

The Commissioner has made arrangements whereby physicians from the various hospitals are to come to Brooklyn for periods of approximately four weeks, to observe the large number of patients under treatment with both insulin and metrazol. We plan to have each of these physicians actually take part in the treatment; and whereas our technique may eventually be improved upon, the large number of patients under treatment affords an unusual opportunity for observation and study.

We treat a considerable number of patients with metrazol. In general, these patients have been ill longer than those treated with insulin. In some instances, they have been treated with insulin and have not improved. A little more than 1,000 schizophrenic patients have been treated with metrazol, of which number 36.6 per cent improved to the extent that they were able to leave the hospital on parole. A considerable number of these made a good adjustment and were discharged at the expiration of the parole period.

We also treat a small number of patients with insulin and metrazol combined. Particularly, is this effective in cases of catatonic dementia præcox.

We have more recently been administering metrazol to patients suffering

from involutional melancholia, especially the very depressed, worried and anxious individuals whose prospect of recovery would otherwise seem to be poor. Fifty-seven patients suffering from involutional melancholia have been treated with metrazol, of which number 36 have improved sufficiently to leave the hospital; 15 have been discharged after a year's parole, and 21 are now on parole.

Last year, we obtained a grant from the John and Mary Markle Foundation which enabled us to carry on, in collaboration with Dr. Harold E. Himwich of the Albany Medical College, a research project on the rôle of anoxia in the treatment of schizophrenia. More than 100 patients were treated with nitrogen. It was found to be effective in the very early cases, but it apparently had no advantage over insulin; and the results in general were not so good as those obtained with the other forms of shock therapy.

Notwithstanding the fact that I believe it to be highly desirable to make a thorough study of the outcome of the first 1,000 patients treated with insulin at Brooklyn, and to check up more completely the 1,000 patients used as controls, we should be unable to do this with our present personnel. Although we discharge all patients suffering from alcoholic psychoses as soon as they recover sufficiently to leave the hospital, we have at the present time more than 1,000 patients on parole, which furnishes a heavy case load for all of our social workers. However, if some one would provide us with the services of an experienced social worker we would be glad to do everything possible to cooperate in making the suggested study.

While we are sympathetic with the principle of family care, we have difficulty in placing patients in Brooklyn because of the location of the hospital. However, when we do find patients suitable for family care we endeavor to transfer them to one of the up-State hospitals where facilities are available.

In closing, I feel I can say with a reasonable degree of certainty that the duration of hospital residence is materially shortened in a large number of cases by the administration of insulin and metrazol therapy and that a considerable number apparently recover and make good adjustments who would otherwise become permanent residents of an institution.

The CHAIRMAN: Dr. Worthing, will you continue the discussion?

Dr. WORTHING (Pilgrim State Hospital): The changing nature of the shock therapy problem is emphasized by the address that has just been given. Until recently our chief concern has been the evaluation of shock therapy, and its establishment in principle, as an accepted form of approach in the management of mental disorders. Now the main problem has become the practical application of these technics on such a scale that they may have some material effect on State hospital statistics. This represents a rather

challenging administrative problem, especially in view of the present growing shortage of personnel and material. This same labor shortage, however, offers perhaps one of the strongest reasons why we should not relax our efforts to return people from the hospital to places in industry as rapidly as possible.

At Pilgrim, we have been expanding our facilities for several years and now have under treatment a constant average of some 70 patients who are receiving insulin, metrazol, electric shock, or some combination of these treatments. During the last year, we have developed for this purpose a centralized treatment unit in an ordinary eight-ward building where the patients are housed and treated, and where, throughout the course of therapy, they are under the continuous charge and observation of the same physicians. This offers psychiatric, economic, and medical advantages and, in our estimation, is superior to the decentralized system by which patients are brought for treatment from scattered points in the hospital, then returned to their wards. Cases are chosen actively by the doctors in the shock unit, rather than accepted passively; that is, a doctor from the shock unit visits the ward and consults and advises with the ward physician relative to the merits of shock therapy in individual cases. The greater number of patients treated are taken from among new hospital admissions. An average of 20 patients per month at the present are being paroled from this service. To demonstrate the growth of the shock unit:

	Treated	Paroled
Cases treated March, 1937, to March, 1938	66	30
Cases treated March, 1938, to March, 1939	67	35
(Metrazol started, April, 1938)		
Cases treated March, 1939, to March, 1940	95	47
Cases treated March, 1940, to March, 1941	195	75
(Electric shock started November, 1940)		
(50 cases electric shock)		
Cases treated March, 1941, to March, 1942	437	221
Of the 437 treated 1941 and 1942:		
267 received electric shock		
174 received insulin		
73 received metrazol		

514

Thus 77 had combined forms of treatment

A word of comment with regard to the various forms of treatment appears to be in order. We believe that their fields of application undoubtedly overlap considerably, and in each case one must settle the problem as to which procedure or combination of procedures will be most effective. Most of our experience has been in accord with the generally accepted indications

and contraindications except that we have found a wider use for electric shock therapy in schizophrenia than is usually accepted. Our results have been definitely quite favorable, and this is an important observation if subsequent events bear out our original observations, since electric shock lends itself readily to extensive application. It may be that poor results reported in dementia præcox have been due to the fact that only 10 or fewer convulsions have been used, whereas we give 20 as a routine in these cases. It is interesting that Zeifert came to a similar conclusion at Brooklyn State Hospital with regard to metrazol.

We are particularly favorable to combined therapies, and at present some 20 per cent of our paroles are cases which failed on the initial treatment and came to a parolable state only after a second or even a third type of treatment had been used.

In closing it appears proper to reiterate our conviction that imperfect as present methods may be, evidence appears ample that their broad application by skilled and experienced personnel can materially influence the general parole rates of the State for the so-called functional psychoses.

One word with regard to the parole of patients at the Pilgrim State Hospital. It has been a healthy growth, and I am pleased to report this growth as follows:

PATIENTS ON PAROLE, APRIL 1 OF EACH YEAR

Year	Patients on parole
1939	331
1940	538
1941	722
1942	951

Dr. MACKINNON (New York State Psychiatric Institute and Hospital): I enjoyed very much the concise and interesting report presented by Mr. Folks. I am certain we, at the Psychiatric Institute, are generally in accord with his views.

I noticed that Mr. Folks was careful not to make any interpretations of his findings and probably for very good reasons; because, as we all know, his committee is still in the process of gathering material. Until we know more about these facts, I think any interpretation might be erroneous.

After making this statement, I do not believe this is the time either for a discussor to offer any interpretations. However, I might say there are many aspects of this subject about which certain deductions can be made. Even though controversial—there is no harm in offering opinions in an attempt purely to consider certain implications which may involve the accumulation of the factual material. The members of the staff of the Institute have discussed these features and are aware of the problems involved.

The statistical results of the various types of shock therapy at the Psychiatric Institute are in agreement with the reports of other conservative groups. We certainly want to go on record as being favorable toward the use of shock therapy, but do not want to make any exorbitant claims as to the final results of therapy.

It is well known to all of us that there are marked variances in the statistical findings of the reports of diverse groups using shock therapy in the treatment of mental disease. An analysis of some of the reasons for these divergent viewpoints would seem to be necessary before any evaluation of the end results of therapy can be made.

The first thing to consider is the medical members of the shock group. As in other special medical procedures, there are some individuals who have unusual skills and dexterities and naturally, an efficient, well-organized team that is interested, will get different results than those who are indifferent or have a hit or miss attitude.

Also, the procedure itself is a very special technique and should be standardized and made uniform by each organization. Otherwise, the reports obtained could only be utilized in evaluating the results of therapy in the group of patients treated by the modified procedure. Complications of figures collected from shock units, using dissimilar procedures, might lead to erroneous interpretations.

We also feel that interest and *esprit de corps* are essential factors for successful operation, but we do not believe that over-enthusiasm resulting in over-playing favorable signs at the expense of other not so favorable material will lead to impersonal and objective evaluation of the facts. Likewise, those who have established preconceived opinions as to the outcome of therapy, who are pessimistic, cynical, doubters and have no faith or confidence in the shock procedure, will undoubtedly be overestimating the negative facts. In other words, the personal attitudes of the individual are frequently unconsciously provided with selective methods which can only visualize results that justify findings which are in consonance with these preconceived ideas.

Another factor which must be considered as one responsible for producing variations in results is the selection of the material for treatment. Some shock units may select cases that have a more favorable outlook while others treat all types of cases, including acute and chronic cases. This factor alone might in itself produce a large variation in statistical results. In this category is also the problem of diagnosis of the selected material. It is well known that some groups are much more "præcox-minded," while others see more of the manic-depressive label. This accordingly, would complicate the interpretation of the results obtained.

Now, one can finally consider the difficulties that are encountered in determining the results of the shock treatment. Criteria should be established as to what constitutes a recovery, a remission, various degrees of improvement or unimprovement; and the criteria should be substantiated by an investigation both of cases in and outside the hospital. It has been generally reported that about 30 per cent of patients that leave the hospital after treatment return, and a study of the types of cases that return, as well as the types of environment that they attempted to make an adjustment to, should be analyzed. When one frequently is informed about the miserable conditions that a convalescent patient must return to, it is not inconceivable that a relapse would be anticipated.

The Institute has been using insulin, metrazol, electric and ambulatory shock therapies. We believe, and Dr. Barrera, who is present, will undoubtedly substantiate me in these statements, that electric shock produces good results in the affective disorders. It is also effective in schizophrenia, but requires more intensive therapy, and frequently three times the number of convulsive treatments. In some of the more malignant, resistant cases, we still believe that protracted deep insulin coma is the method of choice.

The ambulatory shock treatment which is being used by Dr. Polatin and others at the Institute is still in the experimental stages, and although favorable results have been obtained, an insufficient number of cases has been treated to warrant any definite opinions being formulated for the present. It is felt that the treatment has merit and may be beneficial in selected cases. It has been noted that marked improvement has been seen in some cases, but the symptoms return when the treatment is stopped. It is possible that this form of therapy may be used as a method of bringing the patient into contact with the environment, whereby occupational psychotherapeutic and other methods of externalizing treatments may be used more effectively.

It has been suggested that there may be some need for modifying the methods of insulin shock in certain selected cases. The question has come up as to whether insulin should be administered in small doses for an indefinite period after shock has been completed. Also, it has been found that certain patients who show beginning signs of relapse can be kept well by giving a weekly or bi-weekly treatment with metrazol or electric shock. Gradually the latent periods in these cases have become longer until complete remissions have been established. It is also to be suggested here that some modified form of shock therapy may be of value in treating organic types of psychoses. We have had several excellent results in cases belonging to this group.

In conclusion, I wish to state that we at the Institute believe that the various shock therapies have demonstrated their worth, and although they may not be living up to early expectation, we feel shock therapy is still a treatment that at least gives a better opportunity of bringing about remissions and getting hospital patients back into their homes.

The CHAIRMAN: Time is passing, I think we will proceed promptly to the discussion relating to the survey of the hospitals in regard to parole and family care in connection with Mr. Folks' remarks. I will call upon Dr. Wright to open the discussion on that very interesting subject.

Dr. WRIGHT (Marcy State Hospital): Before I present the results of our investigations, a few explanatory remarks may be in order.

The reason the Marcy State Hospital was selected to make some preliminary investigations was that it is a quite typical up-State hospital. Nearby, there are a number of villages and farming communities, and it is not too far removed from some medium-sized cities. Thus, is afforded a variety of selections for boarding homes. To relieve the overcrowding in the down-State hospitals, we received at first a large number of homeless and friendless patients. Of this class, Mr. Folks has already spoken. Some of these patients do well in boarding homes, others are too deteriorated for placement.

For the data which I am about to present, I am indebted to the clinical director and the social workers of the hospital.

On November 11, 1941, a survey was begun to find out how many patients in the institution were available for parole or for placement in boarding homes.

The women's services were first surveyed. This accounts in part for the discrepancy in the number of male and female patients who have been paroled or placed in boarding homes. Other factors are these:

A large number of very deteriorated male patients were received on transfer; and relatively few of these are suitable for boarding homes. Again, for a number of years, male patients who could do farm work have been placed on farms in the vicinity of the hospital. In addition, during the past six years we had to transfer 115 male working patients to other institutions.

The results of the survey are as follows:

Surveyed Patients Placed November 11 to April 14, 1942

	Male	Female
In family care on November 11, 1941	11	22
Family care	10	34
Paroled	7	26
Discharged	1	2

	Male	Female
Returned from family care	1	2
Returned from parole	1	2
In family care on April 14, 1942	9	32
On parole as of survey on April 14, 1942.....	6	24

Homes for Patients

New homes for patients established since November 11, 1941	16
Previous homes being used	14
Rural areas	13
Urban (city or village)	17
Oneida County	12
Madison County	10
Herkimer County	2
Onondaga County	5
Oswego County	1

Distance of Homes from Hospital

Distance from hospital, greatest	52 miles
Distance from hospital, least	1½ miles
Approximate average distance from hospital	30 miles
Self-maintenance of patients (full)	5
Self-maintenance of patients (partial)	3
State supported	35

	Male	Female	Total
Referred to social service for placement	116	174	290
Parole and non-psychiatric institution	59	49	108
Family care	57	125	182
Patients deferred after referral:			
1. Working patients	20	50	70
2. Too psychotic	1	8	9
3. Non-psychiatric institution referrals became too ill	0	4	4
4. Referred for parole <i>only</i> (satisfactory plans could not be made at this time)	8	3	11
5. Refused to leave hospital	2	3	5
Placed:			
In family care	10	34	44
Paroled	7	26	33
Discharged	1	2	3
To be placed:			
Parole	38	18	56
Family care	24	22	46

The completed survey of parole and family care patients at this hospital has brought forth a number of interesting facts:

1. An increase in the medical staff and in the number of social workers has resulted in a greater number of paroles and boarding-home placements.
2. The increase in the social service personnel makes it possible to contact families and interest them in removing relatives who require essentially custodial care.

3. Some patients, who make satisfactory adjustments in the family circle, can best be paroled to the family, while other patients do better in boarding homes, even though the family may be interested.

4. Since relatives are unable to give proper supervision, or cannot be located, certain patients have been placed in the deferred group for the reason that they require more supervision than can be given in a boarding home.

5. The counties of Onondaga, Warren and Oswego are not suitable for family care of Marcy patients except for rehabilitation purposes, as they are too far removed from the hospital. Herkimer County and some portions of Oneida County are also not suitable, as the homes are crowded with defense workers. Furthermore, families will not take patients at the \$6.00 a week rate when they can receive almost double this amount from defense workers. This leaves Madison County as our best field for placement at the present time.

6. There is a large group of patients, mostly elderly persons requiring essentially custodial care, who cannot adequately be supervised on parole or in their own homes. Placed with younger people, they feel inferior and are unhappy. But with their own age groups, they are comfortable. Such a group, it would seem, could be cared for in a large home, properly supervised. For the care of this group, the cost of construction could at least be eliminated.

7. The allotment of a maximum of \$7 for future placements is bound to cause a great deal of dissension in the homes already established. These homes have been caring for our patients for many years, some of them since the rate was as low as \$4.00 a week. Certain others cared for our patients during the fiscal year of 1939-1940, free of charge, because of lack of funds to operate the hospital. Some of these people have read of the new rate and are ready to return the patients to the hospital if they are discriminated against.

8. In conclusion, it is suggested that a children's unit be established in one of the up-State hospitals. This, to us, seems essential if we are to do preventive work successfully. In our own institution, at least, we have no facilities for caring for children who show behavior disorders except to

place them on wards with adults. Such an arrangement is fair neither to adult, nor to child, certainly not to the child, for the environment may make his last state worse than his first.

The CHAIRMAN: Dr. Corcoran, will you continue the discussion please?

Dr. CORCORAN (Central Islip State Hospital): In reviewing the results obtained and the methods used in the survey at Central Islip, I have selected three continued treatment groups from among the first surveyed. The same procedure was followed in each group.

The first group surveyed is a female continued treatment group of 754 patients. It consists of two disturbed wards, two semi-disturbed wards, and two quiet wards. The surveying physician had been in charge of this group for several years and knew the patients well. Those recommended by the surveying physician for family care were reviewed for approval by the first assistant physician; and those recommended by the surveying physician for parole were reviewed for approval by the clinical director.

Family Care. Of the 754 patients surveyed in this group, 35 were recommended for family care; 13 of the 35 were rejected, and 22 were approved by the first assistant physician. Of the 13 rejected, 12 remain on the ward unimproved, and one has been transferred to the tuberculosis unit. Of the 22 approved, 22 were placed in family care; eight of the 22 were returned, of whom six are now on the ward unimproved, one has been discharged to go to the City Home, and one has been paroled to her own custody, a position having been obtained for her in an institution.

Parole. Seventy-one were recommended for parole by the surveying physician; six of these were rejected by the clinical director, all of whom remain on the ward unimproved at the present time. Of the 65 approved, 55 were sent out soon after; nine have returned; one of the nine has since been discharged to her own custody, and the remaining eight are on the ward unimproved. Of the 10 approved but not sent out, five became ill before they could be placed; two were placed in family care; the three remaining may possibly be placed later.

Since the survey was completed in this group on November 2, 1941, 26 patients have been paroled; 11 of these were on the ward and included in the survey but were rejected as being unsuitable for release at that time. The other 15 were transferred into the group since the survey. Only three of the 26 were returned from parole. In addition, three patients have been placed in family care since the survey. Of these, two were on the ward at the time of the survey and were rejected as being unsuitable; however, all three have returned to the hospital.

The second group surveyed is a male continued treatment group of 512 patients, consisting of two disturbed wards and two fairly quiet wards.

Family Care. Seventeen of this group were recommended by the surveying physician to be considered for family care; two of these were rejected and remain unimproved on the ward now, and 15 were approved by the first assistant physician. Of the 15 approved, nine were placed in family care; and of the nine placed, only one returned; eight still remain in family care. Of the remaining six approved but not sent out, some may be placed later.

Parole. Thirty-six were recommended for parole by the surveying physician; three of these were rejected and remain on the ward unimproved; 33 were approved by the clinical director. Of the 33 approved, 29 were placed, and only two of the 29 returned. Of the two returned, one has been re-paroled; the other is still on the ward unimproved. The four approved and who did not leave the hospital became too ill for release before they could be placed.

The third group, a mixed continued treatment group of 1,171 patients, consists of six wards, three men's and three women's. The three men's wards consist of one disturbed, one semi-disturbed and one fairly quiet; the women's wards, one disturbed and two semi-disturbed.

Family Care. Forty-one patients of the third group were recommended by the surveying physician to be considered for family care; four were rejected, and 37 were approved by the first assistant physician. The four rejected remain on the ward unimproved. Of the 37 approved, 35 were placed; nine of those have returned and are on the ward unimproved; 26 remain in family care. Of the two patients approved who did not leave the hospital, one became physically ill and is now in the acute hospital, and one became too ill mentally to be considered for care outside the hospital.

Parole. Seventy-six patients in this group were recommended by the surveying physician to be considered for parole; eight were rejected and remain on the ward unimproved, and 68 were approved by the clinical director. Of the 68 approved, three were discharged outright; 48 were paroled, of whom only two returned; one of these is sick in the acute hospital and one is on the ward unimproved mentally; 46 remain on parole. The 17 approved who have not yet left the hospital, are still under consideration for placement.

You will note in this review how frequently the mental condition of a patient approved for parole or family care may change to such an extent that in a brief period he may become not only unsuitable for release but it may be necessary to transfer him to a different ward. Such changes are also exemplified in the numbers returned to the hospital after being on parole or in family care for short intervals, and in the subsequent reparole or replacement in family care of some of them.

We have surveyed over 4,700 patients to date. The survey has been completed for a sufficient length of time to dispose of most of those recommended for family care and parole from among the first 3,079 surveyed. These 3,079 patients were located on continued treatment services from which patients were selected for such activities as laundry, sewing room, tailor shop, lawns and farm. Seventy-four of the 3,079 or about 2.5 per cent were placed in family care; 21 of these were returned, leaving 53, or 1.7 per cent remaining in family care; 141 were paroled, or about 4.5 per cent; 16 of these have returned, leaving 125 or about 4 per cent on parole.

We have 12 per cent of our total patient census in extra-mural care. In addition, we have been discharging outright 180 to 200 patients each year who, if paroled, would materially increase our parole percentage. We have not been extending paroles beyond the one-year period. The patients we have discharged outright are alcoholics or other types of repeaters, many of whom have frequent short admissions. If these patients were released from the hospital, with parole cards given to them, they would be returned on their first transgression. If they haven't parole cards, they often convalesce before their commitment can be accomplished. We feel that in this way these patients remain more of a community problem.

During the last 21 months, we have placed 384 patients in family care; 192 of these were returned to the hospital because they were too sick to remain out; 35 were returned to the hospital to be paroled immediately; eight were returned to the hospital to be paroled after a brief period, or as soon as they could be placed; five were returned to the hospital and discharged immediately; 18 were paroled directly from the family care homes.

The foregoing shows that during this period 66 patients were paroled or discharged from family care, and 126 remain in family care at the present time. Despite these favorable results, I do not think people take unrelated and strange mental patients into their homes to live with them unless they have an objective, and naturally, that objective is in their own interest, usually either the service rendered by the patient, some financial gain, or both. At Central Islip, we feel that family care has its advantages and its possibilities, as well as its limitations. Therefore, we consider family care as an aid to parole and discharge but not a substitute for either.

Patients should be paroled to their own homes or to relatives, if possible. If paroled to friends or to their own custody under plans previously arranged, and if their services are worth more than their maintenance, they should receive commensurate wages. This phase of the parole work should be emphasized.

The fact that a patient applies himself to some useful work does not impede his mental or physical progress, but on the other hand, actually en-

hances it, the more so if at the same time he is encouraged by his earnings and independence.

I also believe we should be cautious of keeping patients in family care at State expense, if at the same time there is any possibility of their labor being exploited. In this whole problem of family care and parole of mental patients, new situations and changes arise from day to day, the solution of which requires experienced judgment. The best results can only be obtained, and especially with family care cases, by close observation, awareness of changes that occur, and by making indicated adjustments promptly.

The CHAIRMAN: Dr. Stanley P. Davies is the chairman of the Subcommittee on Parole and Family Care of Mr. Folks' commission, and we would like very much to hear from Dr. Davies on this question.

Dr. DAVIES (Executive director, Community Service Society, New York, N. Y.): There is just one point I should like to emphasize in this discussion. It is a point, I feel sure, on which we are all agreed, but I should like to consider some of the practical implications of it. It is this: *The period of active treatment does not, or at least should not, end when the patient leaves the hospital.*

The period of treatment within the walls of the institution and the period during which the patient is in family care or on parole obviously represent one continuous process. For many patients, the extramural stage of treatment needs to be just as active and just as thoroughly supervised as treatment within the institution. In fact, the ability of the patient to adjust himself to community life, to get along with family, friends and neighbors, to hold a job, and to act responsibly, is the end toward which all treatment is directed.

It seems important that the final stage of treatment should be carried out in the actual setting in which the patient is expected to rebuild his life—in other words, in the typical environment of the community, rather than the atypical environment of the hospital. If this be so, the treatment process, for purposes of discussion, may be divided into two phases: (1) the period of direct and intensive psychiatric treatment within the hospital; (2) the period of active social treatment and adjustment while in family care or on parole, along with continuing psychiatric consultation and supervision from the hospital clinic. Those two phases are actually one continuous process of treatment and reeducation directed toward the patient's social rehabilitation.

From the standpoint of a practical division of labor, there are two different professional skills which need to be correlated and fully utilized if the total treatment process is to be effectively carried out. They are, the skills of psychiatrist and of trained social worker. Fortunately we have here two

professions, one older, the other much younger, which have a close and natural kinship. Modern professional social work has found much of its dynamic character in what it has learned from psychiatry about human behavior, yet it has been careful to stay within its own field of social treatment and adjustment.

Both these professions characteristically see the individual as a whole, not in parts and pieces, as so many specialties have done. They see and work with the real human being as he actually is and does. Thus, they have the same outlook, the same objectives. They are "naturals" in working together, as has been demonstrated in the excellent and understanding collaboration that goes on between the psychiatric consultants and social caseworkers in some of our best social agencies.

Since it is necessary and desirable to get the maximum number of patients back into the community, it seems to me of the highest importance that the hospitals be staffed with social workers adequate to carry out an active program of social treatment for patients in family care and on parole—adequate both in numbers and in the special skills and training which such a job requires. This would accomplish two things, as I see it: It would facilitate getting patients out of the hospital, and it would facilitate their staying out.

As to the first of these, certainly doctors in the hospitals could send patients out with a greater degree of confidence if they knew that they would continue to receive active social treatment in the light of the psychiatric background and individual needs of each. Under such a program, the way back into the community would be well prepared for the patient by the activity of the social worker in studying the social environment into which the patient would go and in developing its possibilities for the patient.

After the patient leaves the hospital, something much more is required from the social worker than a checkup every now and then, just to make sure the patient is keeping out of trouble. The social worker needs to stand closely by the patient in the difficult process of beginning life over again. This may involve, according to the needs of the patient, such things as vocational counseling, employment and placement, the readjustment of relations to family and to group life such as social groups, church, etc. The social worker would also consider how the resources of community agencies might best be utilized to assist in the process of social rehabilitation.

A report now in preparation under the auspices of the temporary commission of a study of patients placed out from one State hospital shows that the limited number of social workers on the staff of that hospital were doing very well indeed to give active rehabilitative treatment and supervision to approximately six out of each 100 patients on parole, whereas the

study indicated that 35 of each 100 patients on parole needed such active treatment. It was estimated that if adequate rehabilitative service could have been given to the 350 patients on parole from this hospital who urgently needed it and were not receiving it, and if even half of these patients were helped through case work service to remain in the community two months longer than otherwise, a saving of \$9,000 would accrue, a sum sufficient to pay for five additional social workers at \$1,800 for one year.

It is therefore, my hope that one of the things which will be demonstrated by the work of the temporary commission is that it would be a profitable investment for the State to provide for all of the State hospitals more adequate staffs of well-qualified social workers to carry on, in teamwork with the psychiatric staff, this process of social rehabilitation in the community.

The CHAIRMAN: Our time is so limited, and there is so much remaining on the program, I will call on Mr. Folks to close the discussion.

Mr. FOLKS: I have been much impressed with the high character of the discussions carried on by the different speakers.

I want to say to Dr. Bellinger I think we can sit down together and discuss the need of another social worker with a favorable result. I am most interested in what Dr. Worthing has in hand in his special shock therapy. I agree with Dr. MacKinnon that it is very important not to confuse intellectual effort with emotional satisfaction. I might say there is good work being done at the Institute and on high standards.

Dr. Wright and Dr. Coreoran have given us much food for thought. I was particularly impressed by the study they are giving. I think it is clear that so far as the temporary commission is concerned we are trying to give to parole and family care the same kind of objective thought that we are giving to the manner of treatment.

The CHAIRMAN: We thank you very much, Mr. Folks, for presenting the progress report of your commission and we are very grateful to those who discussed it so well.

The next on the program is a paper on "New Legislation Relating to the Work of the State Department of Mental Hygiene," by the secretary of the Department, Mr. Pierce.

Mr. Pierce read his paper (Page 231).

The CHAIRMAN: Are there any questions any member of the Conference would care to ask Mr. Pierce at this time? If not, it becomes my painful duty to request Dr. Blaisdell to read a memorial tribute to Dr. Garvin.

Dr. Blaisdell (Rockland State Hospital) read his tribute (Page 241).

The CHAIRMAN: If the Conference will permit me to change the order of the program just a bit, I would like to do so because of the fact that Dr.

Plunkett has consented to come to us and present to us a proposed program for the activities in the tuberculosis work in our various institutions, and I would like to call on Dr. Plunkett at the present time to speak to us.

Dr. PLUNKETT (Superintendent, Tuberculosis Hospitals, State Department of Health, Albany): In the joint study being conducted by the Departments of Health and Mental Hygiene regarding the problem of tuberculosis in the mental hygiene hospitals, progress thus far has provided proof on three fundamental points: First, that two departments manifesting an interest in a problem such as that related to tuberculosis can harmoniously work together to bring about the best possible results; second, that the amount of tuberculosis which has been discovered more than justifies the expenditure of the funds which have been used, as well as the techniques which have been carried out; third, that the problem of tuberculosis among employees of State mental hospitals is a serious one and is primarily the concern of the State.

In order that we may all understand the purposes, objectives, and administrative details of this study, the central offices of the Department of Mental Hygiene and Health have prepared a memorandum in which are outlined the duties and the respective responsibilities of each department in this service.

Before closing, may I speak for Dr. Weber (Division of tuberculosis, State Department of Health), as well as for the Department of Health, a word of appreciation for the wholehearted assistance and cooperation which we have received in all hospitals in which we have thus far worked.

The CHAIRMAN: Thank you Dr. Plunkett.

I understand that copies of the memorandum will be sent to the various institutions for your consideration.

The next on the program is the reports of committees.

The first is the report of the Committee on Construction of which Dr. Mills is chairman.

Dr. MILLS (Creedmoor State Hospital): No meetings have been held since the last conference. Therefore, I have no formal report to offer for the Committee on Construction.

The CHAIRMAN: Dr. Pritchard, will you give us the report of the Committee on Nursing.

Dr. Pritchard (St. Lawrence State Hospital) read the following report:

REPORT OF THE COMMITTEE ON NURSING

The Committee on Nursing met in Albany on April 17, 1942, at 7:30 p. m. The first part of the meeting was a joint one with the Special Committee on Sick Time for Officers and Employees to discuss the matter of sick time

allowance for student nurses. It was decided that the Committee on Nursing should make such recommendations for modification of the rules governing schools of nursing as would grant somewhat similar sick time privileges to students as to other employees. The committee, therefore recommends that the provision governing lost time for students as contained in letter Reference No. 1946 be changed. It now reads: "Lost time because of sickness of the student, of a duration of more than 14 days in any school year, must be made up before the completion of the course. No allowance is made for lost time due to any other cause. Lost time must always be made up, and if the lost time interferes materially with the work of the student, the year should be repeated." The committee recommends that this be changed to read as follows: "Twelve working days a year with pay, cumulative for the period of training, may be allowed a student as sick or lost time, but time lost in excess of this must be made up before the completion of the course. If lost time intereferes materially with the work of the student, the year should be repeated."

The committee was requested by the Committee on Statistics and Forms to submit recommendations regarding the discontinuance or modification of certain forms used in schools of nursing. A member of the committee met with the Committee on Statistics and Forms, and it was decided that certain forms should be continued, some discontinued and others modified. The modifications were left to the Committee on Nursing and will be undertaken promptly.

The meeting adjourned at 10:45 p. m.

J. A. PRITCHARD, M. D., *Chairman.*

The CHAIRMAN: What is the pleasure of the Conference in regard to this report?

It was moved, seconded and carried that the report of the Committee on Nursing be accepted.

The CHAIRMAN: The next is the report of the Committee on Home and Community Care of which Dr. Ross is the chairman. Dr. Gray will read the report.

Dr. GRAY (Gowanda State Homeopathic Hospital): I have distributed a table, giving some statistics in regard to family care, covering the last six months. You will notice March is not presented. The figures for March are quite similar to those of February except there are 16 patients shown as paroled during the month of March.

Dr. Gray read the following report.

REPORT OF THE COMMITTEE ON HOME AND COMMUNITY CARE OF
INSTITUTION PATIENTS

In past years, during the winter months, there has been difficulty in increasing the number of patients in family care, but this year, the number living in homes since September, 1941, has increased from 1,044 in the State hospitals to 1,255 as of February 1, 1942, and in the State schools from 542 in September, 1941, to 586 as of February 1, 1942. We now have more patients living in family care than are in Utica State Hospital. Of these, there are more than half as many mentally defective patients as are residing in the Syracuse State School. This is a very encouraging development, and it is hoped that by July 1, we can reach our goal of 2,500. Since September 1, 1941, 83 patients have been paroled from family care. This is a very gratifying demonstration of the value of family care, as the great majority of the patients were of the continuous treatment type and were not placed in family care with the idea of its being a therapeutic procedure which would lead to recovery, but rather because the patients would be more comfortable in homes and were not in need of the highly specialized services at the hospital.

Since July, 1941, there has been an increase of 1,699 patients in the census population. However, the increase in resident patients since July 1, 1941, is only 818. Increases in family care and paroles have played an important rôle in the cutting down of the anticipated increase in resident patients.

This year, the amount which could be paid for the care of patients in homes has been changed. There is now no legal limit as to the amount which can be paid. However, the Department has fixed a weekly maximum of \$7.25, the 25 cents to be used as an allowance for the patient. A higher rate than this for patients maintained by the State can be paid only with the written permission of the Department. The types of patient for whom larger sums might be paid are patients who would require special diet or special treatment where the caretaker is qualified to give these. For instance, a diabetic patient might be placed in the home of a caretaker who was a nurse and who could give the patient the necessary attention. Under such conditions, it is probable that the Department would approve of a higher rate being paid for the additional service which would be given.

Once more, the attention of the superintendents is called to the fact that clothing for family care patients can be purchased in the open market. While much satisfactory clothing can be supplied from the hospital, supple-

menting this for patients who are well enough to go to church or take part in community activities, makes the patient appear less conspicuous and enables him to make a more favorable impression in the community.

The question of the transfer of patients suitable for family care from hospitals in the metropolitan area to hospitals having desirable districts for the development of this service has not been developed to any great extent. However, such a plan has been satisfactorily worked out between Manhattan State Hospital and Middletown State Homeopathic Hospital, and approximately 35 patients who were suitable for family care, were transferred to Middletown and placed satisfactorily in homes. It is suggested that other hospitals not having suitable districts for the development of family care, consider the advisability of similar transfers.

Until recently with the increased cost of living, it has not been difficult to secure a sufficient number of homes for patients in the up-State areas. However, during the past few months, families have been more difficult to find who are willing to take patients, and some of those who have had patients have felt that they were not being paid adequately for the actual cost of the patients' care.

The importance of the family care program of the State of New York is being recognized generally throughout the United States. An increased number of visitors has come to learn something of the program, and a relatively large number of letters of inquiry come in regularly. As an indication of this interest this year, various members of the staff of the Department of Mental Hygiene of the State of New York are giving papers on family care at the National Conference of Social Work and the American Association for the Study of Mental Deficiency.

The future needs of family care are relatively evident. First, there should be a separate appropriation for financing this project. Second, patients should be placed insofar as possible near railroad, trolley or bus lines, but State cars should be supplied whenever possible for the supervision of these patients because of the decrease in facilities which make possible the use of one's own private car. Third, the fact that in many hospitals patients who work are still not permitted to go in family care hinders not only the development of the family care program but decreases the number which might be expected to go on parole from family care. Decreasing the population of the hospital is one way of meeting the problem of decreasing hospital personnel. Fourth, more social workers are needed for the supervision of patients.

FAMILY CARE IN STATE INSTITUTIONS SEPTEMBER, 1941 THROUGH FEBRUARY, 1942

Hospitals	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Binghamton	70	73	73	70	78	78
Brooklyn	1	1	1	1	1	1
Buffalo	24	23	25	25	31	31
Central Islip	77	97	96	101	113	117
Gowanda	113	108	110	109	107	107
Harlem Valley	125	131	133	138	132	148
Hudson River	113	106	120	135	139	138
Kings Park	5	7	8	8	8	7
Manhattan	1	1	1	1	1	1
Marcy	35	34	45	45	56	62
Middletown	156	164	183	190	191	183
Pilgrim	66	70	72	72	67	73
Rochester	31	37	39	37	38	35
Rockland	34	38	45	46	46	49
St. Lawrence	71	82	80	82	101	99
Utica	67	66	66	65	66	66
Willard	55	56	56	54	63	60
Total	1,044	1,094	1,153	1,179	1,238	1,255
Schools						
Letchworth Village	188	192	200	199	200	201
Newark	205	213	212	215	223	226
Wassaic	149	150	160	162	161	159
Total	542	555	572	576	584	586
Grand total	1,586	1,649	1,725	1,755	1,822	1,841

NUMBER OF PATIENTS PAROLED FROM FAMILY CARE SEPTEMBER, 1941, THROUGH FEBRUARY, 1942

	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Central Islip .....	..	..	2	3	2	3
Gowanda	2	4	3	1	..	..
Hudson River	3	3	2	1	5	..
Marcy	2	3	1	1	1	..
Middletown	1	..	..	..	..	1
Pilgrim .....	..	5	..	..	1	..
Rochester	2	..	3	..	1	..
Rockland	2	1	1	1	1	2
St. Lawrence .....	..	3	..	1	..	4
Utica	1	..	2	..	2	1
Willard	2	..	..	1	..	1
Newark State School .....	..	..	..	1	..	..
Total	15	19	14	9	14	12
Grand total	83					

JOHN R. ROSS, M. D., *Chairman.*

The CHAIRMAN: What is the pleasure of the Conference in regard to the Report of the Committee on Home and Community Care.

It was moved, seconded and carried that the report be adopted.

The CHAIRMAN: The next report is that of the Committee on Statistics and Forms of which Dr. Pollock is the chairman.

Dr. POLLOCK (Director of Mental Hygiene Statistics): The Committee on Statistics and Forms during the last quarter has had two two-day meetings at the Utica State Hospital and one afternoon meeting in the office of the Department.

At the request of the Commissioner, the committee has reviewed over eleven hundred forms used by the Department and its institutions. The work has not been completed. I submit a progress report, copies of which have been furnished to the superintendents of the several institutions.

The recommendations contained in this report are not final. We hope most of them will receive approval, but if you have any objections to any of them we shall be glad to hear from you.

The committee has been aided in its work by Assistant Commissioner Lang, Mr. Hughes, head printer, Dr. George M. Doolittle of Craig Colony and Miss Lena A. Kranz of the Committee on Nursing.

The CHAIRMAN: What is the pleasure of the Conference in regard to the report of the Committee on Statistics and Forms.

The motion was made, seconded and carried to accept the report.

The CHAIRMAN: Next on the program is the report of the Special Committee on Revision of Rules and Regulations for Officers and Employees, of which Dr. Lang is the chairman.

Dr. LANG (Assistant Commissioner): At the September Quarterly Conference a committee was appointed; correspondence has been carried on and we held a meeting yesterday morning.

Dr. Lang read the following report:

REPORT OF SPECIAL COMMITTEE ON REVISION OF RULES AND REGULATIONS
FOR OFFICERS AND EMPLOYEES

Dr. Tiffany and Members of the Conference:

The committee held a meeting on the morning of April 17 at Albany.

The present official rules and regulations governing the duties of officers and employees of State institutions have been reviewed and studied. Much revision is required. The departmental rules for sick leave were considered for inclusion. The committee is not prepared to submit the revisions of the rules at this time to the Conference. It is therefore recommended that the committee be instructed to continue its study for further report at the next Conference.

Copies of the proposed revisions will be prepared and submitted to each superintendent for comment, criticism and suggestions.

Respectfully submitted,

H. BECKETT LANG,
HARRY C. STORRS,
Committee

The CHAIRMAN: What is the pleasure of the Conference regarding this report?

It was moved, seconded and carried that the report be adopted.

The CHAIRMAN: Is there any unfinished business to come before the Conference?

There is none.

Is there any new business to come up at this time?

If not, a motion for adjournment is in order. The afternoon session begins at 2 o'clock.

The session was adjourned.

AFTERNOON SESSION

The meeting was called to order by Commissioner Tiffany.

The CHAIRMAN: This is a very appropriate time to have our conference in relation to the war program to ascertain ways and means by which the Department can offer psychiatric cooperation in the emergency. I hope the speakers this afternoon will inform us regarding the present selective service system and show us how we can be of any assistance in making psychiatric examinations of candidates for military service. Inasmuch as Dr. Lang has had to do with practically all of the contacts with this sort of work, I am going to turn the meeting over to him this afternoon, and he will introduce the various speakers.

Dr. LANG (After reading his paper, "Relationship of the Department of Mental Hygiene to the War Program," Page 221): I will now call on Colonel Kopetzky.

Col. KOPETZKY (Selective service system, New York, N. Y.): I have been engaged mostly in my duties as an officer in the selective service system, and only when the procurement and assignment was started did I take on temporarily to assist Dr. Booth in the duties connected with that office which, I understand, will not be a permanent piece of work on my part. Probably the reason why I could so easily slip into this particular piece of work lies in the fact that in 1939, as chairman of the military preparedness committee of the State Medical Society of the State of New York, we started the actual beginning of what is going on, and it brought me into rather

close contact with senior medical men in every county and jurisdiction in the State and made easy communication with them and myself possible so that now there is a free interchange of that opinion because we know each other very well.

Selective service is probably the most ideal form of "democracy in action," and since I must talk of procurement and assignment here this afternoon and in outlining it in addition to what the chairman has already said, I may only add that it is another variation on the same theme.

We have, in this State, nine Grade A medical schools with their teaching staffs. We have, in this State, something like 854 hospitals in addition to which there are the private commercial hospitals scattered throughout the State but not in the same category. We have, in addition to that, many industrial plants throughout the State which have in their setups medical departments functioning to serve the workers or the personnel of those plants, to say nothing of the medical department of the penal custodial institutions. We have, in addition, a number of homes for the aged and the infirm, all of which require and have medical staffs. Therefore, it is but a variation of selective service that there shall be no discrimination as regards whether a person serves in the armed forces or whether he serves in any of these organizations which I have just enumerated. I am speaking extemporaneously and forgot to mention that there are also the State Department of Health with its farflung laboratories throughout the State and the Department of Health of the City of New York with its clinics and laboratories. All these organizations have, as you know, exceedingly necessary functions performed by medical men. Therefore, in 1939, we began collecting information in all these branches of service realizing that the time was going to come when there would be a call by the national government for doctors in various agencies of State government to serve the Federal government and that we should make it our business to see that these, our State institutions, were not stripped by the over-enthusiastic patriotism of the men themselves.

"Jap Sunday" came along, and the situation changed, and just as in selective service, the selection of the individual is done by the civilians and not by the military, just so in procurement and assignment, there is a national civilian board. There is set up a governing board of doctors, and the executive officer of that board is Lieutenant Colonel Samuel F. Seely. As has been outlined by your chairman, there are nine corps committees; and in this area, the Second Corps Area, Dr. Booth of Elmira is the Second Corps Area chairman. He has on his committee a medical man, a dentist, a medical educator, and a man familiar with the requirements of the Second Corps Area. The Second Corps Area comprises New York, New Jersey and Delaware. There is, in each of these states, a committee; and, as we

are doctors and concerned with medicine, I happen temporarily to be the chairman, medical chairman of the State committee. Data that have been accumulated are available at the State headquarters of procurement and assignment which is the headquarters staffed clerically by the social security regional office.

The hospitals have sent in lists of men in three categories, those that are essential, those available for service, and those of their staffs who are already in the armed forces so that the pictures of their setups contrasted with their censuses are available. Medical colleges likewise have sent in the data necessary for putting the men in these same three categories. Some institutions have sent in lists which, when you look at them, are ridiculous. With a census of 25 to 75, 25 are declared essential. I am speaking particularly of a small hospital which sent in such a list. Others have stripped themselves down to the bone. There is a *utility basis* for wartime procedure which should be followed. All of us certainly could enjoy the luxuries with the necessary gadgets which go with high class service in peace time, both for the purpose such service carries with it of educating our oncoming doctors—the next generation—and for the ease with which it makes it possible to practise medicine; but in wartime, the situation changes.

We must come down to what is the *absolute necessity* to carry on. That problem is being worked out now. The younger men below the age of 35 deserve the privilege of serving their country in the armed forces; and as far as it is possible in the interval before they go to the service, they should be permitted to complete their medical educations. The institutions should find replacements from two classes of doctors who might be competent in their fields, women physicians and men within the younger age group who have been found on physical examination to have deficiencies which would make them unavailable for military service in the armed forces. If one judged by a parallel of the rejection figures of selective service of men in similar age groups, there should be no lack of personnel to make replacements of men under 35 years of age who are physically fit to go into the armed forces—all other things being equal. Now, we can appreciate and understand that there are certain men so exceptionally talented and of such use in teaching purposes that they are not easily replaced; but no one is indispensable. If one adopts basic principles along those lines, directors of hospitals may have only slight difficulty in rearranging and replacing their staffs. This is but a variation of selective service insofar as the institution has the right to declare a man essential and prove it. Selective service has asked where such men come under its jurisdiction, because each group is registered. It has been requested that local boards shall ask procurement and assignment about registrants; that they have under classifi-

cation for service. The decisions rest with the local boards. The advice and information that procurement and assignment gives is only for information and guidance. Procurement and assignment cannot keep a man out of the service if a local board determines that that man must go in. On the other hand, institutions still can use and present to the local boards the occupational necessity form—I think it is Form 42—for their consideration as stating that a man is a necessary man “essential to the health, interest and safety” of the nation. That form is a form of affidavit. The responsibility rests with the employing agency, namely, the hospital to present it. This form is particularly valuable in those State custodial institutions with which the local board may be familiar, but where a man may be registered or away from home so that his own particular situation is not familiar to the local board. The two procedures dovetail. Procurement and assignment reports on him; the institution submits Form 42.

The topic assigned to me is more particularly concerned with the furnishing of commissioned personnel to the military service, and there is a large need for these men. It took quite a while for procurement and assignment to get under way; it has just about now found itself. After what personal observation I have been able to give locally, it seems to be functioning adequately. It does two things. It has prevented the promotion of men by Washington headquarters, who had on their records, which were transmitted to me confidentially, such notations as would make them mentally or morally unfit to hold commissions in the army; and, on the other hand, it has furnished up-to-date something like five to six hundred clearances of medical men for the army and the navy and the air corps. The dentists are in a like position to that of the doctors and veterinarians. These are professional groups; and very few others than those within the group can give a determining decision as to whether they are essential or non-essential: first, in their communities as practitioners to the civilian population; or second, as full time men in civil service. Are they needed or can they function in the Panama Canal Zone service, or can they function in the Indian Agency or in the army or navy air corps? These are the questions which this particular agency is trying to answer. Local boards in some instances have been at wide variance. There is no even level of their activities; and they vary, but I believe this situation is just the pains of new growth and it will adjust itself within a reasonable time. That's all I can tell you of procurement and assignment. It is a new idea for me, it has only existed for a few months, and I shall soon be out of it, yet as I have seen the work, I think it is an excellent procedure. I think it is an excellent agency. I think it is a help to the armed forces, to the civilian group and there is no layman who can sit down and judge this situation as can the doctors, the dentists, the hospital men themselves for their own needs.

I will be glad to answer any questions.

Col. Eanes, national headquarters, selective service system, read his paper, "Use of Neurological and Psychiatric Information in Selective Service," (Page 226).

Dr. TIFFANY: I speak because I would like some information. It seems to me that in order to keep neurological and psychiatric cases out of the army, which you say is the desirable thing to do, it would be well to use the facilities which are available in the State of New York. We have 26 institutions, a hundred psychiatrists, and by using these men an hour or two each day to examine all the cases called, you have a group of men who are trained psychiatrists; who have perhaps more experience than most other men—with the exception perhaps of a few in the private practice of psychiatry—who would screen all of those neurological and psychiatric cases out for you. You would not have to go further if the Army would accept the opinion of our trained psychiatrists. We would be willing to undertake the work, and I believe we could do it as our small contribution to the cause.

Col. EANES: We know that your position in New York is unique and much more favorable than other places. You are in a position to furnish information which will help. The decision is made by the army alone after final examination. We are now bringing up many men who have been classified as 4-F for neurological and psychiatric conditions, and many of them are being accepted.

Colonel Kopetzky has told us something relative to procurement and assignment. There is a tremendous economy in personnel in having the armed forces do practically all the examination. I might add that the situation in the army is difficult today for psychiatrists. I really feel that in replacement centers there is a large place for psychiatrists. It is not in selective service. I think we should have them in the examining stations in the armed forces, but the real place for the psychiatrist to exert himself is in the replacement service in the army.

Dr. TIFFANY: I was not critical but merely seeking information as to why that sort of system did not work.

Dr. CHENEY (New York Hospital—Westchester Division): I should like to ask if Bulletins 18 and 19 are still in effect so that the cases of registrants who are found to have been in hospitals under the Department of Mental Hygiene will be referred to the psychiatrist of the medical advisory board for detailed information of their case records. The local boards apparently are not carrying out this procedure but are writing directly to me as medical director of our hospital for information of our former patients. I should like to know also what course should be followed in giving such information, i. e., whether a board should be advised to refer such cases

through the psychiatrist of its advisory board or whether the hospital information should be given to the psychiatrist of the local board. It seems to me that the medical information should still be treated as confidential and should not be given to lay persons of local boards, thus continuing to carry out the procedures which were made in Bulletins 18 and 19 and maintaining the confidential nature of medical information.

Col. GAUS (Medical adviser, selective service system, New York State): It will go to the examining physician of the local board as confidential information and, as soon as this plan has been put into operation, which will be very shortly, a bulletin will be issued and instructions will be issued regarding this.

Dr. CHENEY: Apparently, local boards do not know about this.

Dr. LANG: Are Bulletins 18 and 19 still in effect?

Col. GAUS: They are still in effect, but the local boards have instructions not to use the medical advisory boards. There has been no change, and until this plan has been completed and the medical advisory boards, examining physicians and local boards have received further notice, the medical advisory boards should not be used.

Dr. STECKEL (Syracuse Psychopathic Hospital): From the very beginning of selective service activities, it was understood there was to be one psychiatrist for every 50 men per day going through the induction station. This quota was not provided in the early days of induction, so that frequently 200 to 300 men might go through, with only one psychiatrist provided. This allowed him only one or two minutes per man for interview. Latterly, we know that the quota of one psychiatrist for every 50 men has been fulfilled. Might I ask whether there are any figures available to show whether the present setup has fewer neurological and psychiatric casualties than were previously found before adequate psychiatric screening was provided?

Col. GAUS: I will again have to withhold an answer. The figures are not available or in such form that I can repeat them.

Dr. PARSONS (Former Commissioner, Department of Mental Hygiene):

I arise not to ask a question but to make a comment. I hope the service gentlemen here will realize that the superintendents present at this Quarterly Conference represent a large group of competent psychiatrists, earnestly seeking the opportunity to help the government.

A few months ago I had occasion to look over the situation in New York State. I proposed certain steps in connection with examination by local selective service boards. It was ascertained that in New York State it would have been possible to supply a competent psychiatrist to each local draft board. The selective service authority in New York State seemed to

think well of the proposal, but nothing was done to put it into effect. Now medical examinations by local draft boards are practically discontinued.

I realize that it is simpler for Washington to set up national standards, but it is too bad they are based on the facilities of the poorer states. In New York State and in most of the other states along the Atlantic seaboard, induction boards can have all the needed psychiatric service. I am not convinced that the army wants it and I have felt one of the best things civilian psychiatrists can do is to offer the service and stand aside if it is refused. Some day, there will be a better realization on the part of those directing the medical affairs of the army that mistakes are being made—mistakes costly in money and in the happiness of our young men. When the full sense of realization comes to them, they will be much more receptive than they are at present.

In certain districts, induction board screening can be effectively done. I saw an induction board in operation where they were passing through some 300 men daily. There were 10 psychiatrists. Each had an opportunity to converse with an inductee as long as seemed necessary. If there was any doubt, he called upon an associate; and where delicate questions had to be determined, it was possible for the 10 to sit as a board.

If the army really recognized the need and wanted to make the effort, good psychiatric screening is possible at induction boards over a considerable part of the United States.

Mr. FOLKS: One simple question. The colonel spoke of his belief that the army would not be satisfied to place neurological and psychiatric cases out of their own hands. I was wondering whether there were other aspects of acceptance or rejection which they do leave in the hands of the local boards, and whether the neurological and psychiatric part is all that the army wishes to keep in its own hands or whether it is the whole matter of medical examination.

Col. EANES: There was a proposition that the army should accept the physical examination of selective service, and the army refused and insisted upon a second examination upon every person that selective service presented. They refused to accept as final the examination of selective service. There was perhaps a very good reason why they did. Fundamentally, it was only correct that the army should pass upon all mental, physical and moral qualifications of its personnel. Selective service then adopted the policy of submitting everyone to the army that has not been declared by some authority as insane or was not suffering from a chronic illness or who isn't an imbecile or an epileptic. Everything else is going to the army for final decision. In the original system, there was contention between selective service

and the examining station. There was always rivalry. Persons wrote in that selective service turned this man down; the local board was unfair. I am confident that our present system is superior.

Dr. CAMERON (Albany Hospital, Albany): If 23 per cent of the rejections are due to neurological and psychiatric causes, I wonder how many of those rejections are on the basis of mental deficiency. While it is quite true that cases of mental deficiency should have been discovered at the induction centers, it is not so certain that all cases of mental illness should have been discovered. We sometimes get the impression that some of our colleagues in other specialties believe that those individuals who suffer a "nervous breakdown" were in some way peculiar from the very beginning and that this peculiarity should have been picked up by the induction or draft board psychiatrist. Those of us who are in this work know that this is not the case. I would ask for further figures; and those are the figures which would take into account when the people broke down. If they were psychiatric breakdowns, was it in the first month? If it was six months later or a year later, would it be very different? By this analysis, you could do what you talked about in the beginning of your paper. You might be able to sharpen up the examination at the induction board level.

Col. EANES: Those figures were for persons who had been inducted into the service. I am terribly skeptical of figures. As I recall it, about one-fifth of those men represented cases which were "allowed" on adjudication. That means, generally, that they broke down after six months, because, by law, there is a sharp line at the six months period. Eighty per cent broke down within six months.

Dr. Lang introduced Lee B. Mailer, chairman of the Health Preparedness Commission.

Mr. MAILER: The New York State Health Commission was organized in 1938 to formulate a long range health program to better the health of the citizens of the State of New York. This came about due to the change in the constitution, which stated in effect that the health of the people of the State of New York was a matter of State concern and that steps should be taken by the Legislature to further improve their health. This commission worked on it for a year or so and then, with the war getting more intense in Europe, the Health Commission undertook a survey of the health resources of the State for the Governor.

Incidentally, during the course of the appraisal of what New York State had and did not have, we have been in constant touch with our good friend, Dr. Tiffany, knowing that he is head of the Department of Mental Hygiene and has thousands of State wards under his supervision. We also know

that the State Department of Mental Hygiene has the largest number of institutions of any State agency and, therefore, would be a reservoir for use in time of emergency.

About a year and a half ago, Dr. Tiffany and I discussed the serious problem of what would happen to the Department of Mental Hygiene if Manhattan State Hospital on Ward's Island were closed. After many months of work, we finally succeeded in obtaining a bill for an appropriation to clean up the buildings and make them more livable for patients confined in that institution. Some of that work has been progressing; but there still remains quite a bit to do.

As international conditions became worse, and particularly last fall, the Health Preparedness Commission decided that it would be a very wise policy to make a survey of hospital accommodations in New York State to supplement the survey previously made. The first survey listed every hospital in the State, not including the mental hospitals, their present census, how many additional patients might be put into the institutions and what the approximate cost would be to provide for this enlargement. A hospital planning subdivision of the Health Committee was formed under the chairmanship of Dr. Rappleye, dean of the Columbia College of Physicians and Surgeons and Commissioner of Hospitals in New York City, with Dr. McCurdy, superintendent of Vanderbilt Clinic assisting him. Several meetings have been held in New York City to determine what State institutions should be left free to take care of any catastrophe arising due to enemy bombardment. It was rather significant that at our last meeting at the Commissioner's office in New York City, while we were discussing this problem, anti-aircraft guns went to work and shelled the Equitable Building about two blocks from where we were. Dr. Tiffany, a member of the committee, was present. That brought us to the decision that something very definite should be done and done fast; and it was agreed that Dr. Rappleye request Mayor LaGuardia to ask Governor Lehman to turn over to the city of New York the new Willowbrook State School on Staten Island, to provide space for chronics and convalescents that are now occupying space in Bellevue and other city hospitals so that this space would be left free in the hospitals for any emergencies, with the thought in mind, that at all times there would be a minimum of 1,500 and a maximum of 2,500 beds available every day in New York City for anything that might occur. That may seem a large number of beds; but when you consider that 10,000 people live in many blocks in New York City, in case of a bomber coming over there would be many casualties.

I called this situation to the attention of the Governor. He called a conference at which the mayor of New York was present as well as Dr. Tiffany,

Commissioner McGoldrick, Nathan R. Sobel, counsel to the Governor, and Commissioner Brandt of the Department of Public Works, to discuss the whole problem. The mayor asked the Governor to set aside this Willowbrook State School for the city's use. It so happened that on that particular morning, the Governor had also been asked to turn over the fair grounds at Syracuse as the army was moving in that night with or without permission.

Assemblyman Moffat of the Ways and Means Committee was also present, and the Governor appointed a committee to draw up a Lend-Lease Act by which the Governor would have authority to turn over any building or personnel or equipment upon request, at a rental satisfactory to the Governor. That bill was introduced, passed within five days, and became a law. I think Mr. Pierce explained the provisions of that legislation this morning. So, at the present time, as late as last Wednesday, in conference with the Governor, he said he was ready at any time to go ahead and make available any State property necessary for any of the armed forces of the United States or any municipality, so that the interests of the people would be properly taken care of.

This is the basis on which we operate; and as the war becomes more serious, you gentlemen may be called upon by Commissioner Tiffany to go to a great deal of labor and trouble, make many sacrifices, cause a great deal of discomfort not only to your patients but to your operating personnel, to take in some of these persons who may of necessity have to be quartered in your institutions.

As you know, the Governor has had a committee studying the evacuation of cities in the target areas of the State. That committee has submitted its report to the Governor; and it has taken into consideration that many of the State institutions may have to be used in sheltering the people evacuated. It is not going to be easy, but we are at war. The people have not failed in their duty yet, and they will not now. I am sure that you representatives of the Department are most eager to cooperate, and with my long experience with Dr. Tiffany and with the other members of the staff in Albany, I know that you are imbued with the spirit of service and when the time comes you will move heaven and earth to provide the necessary needs in an emergency. Mattresses and bedding will be found, food will be prepared, many things will be done in an emergency impossible in ordinary routine. One of the duties of the health commission is to look to the future and provide the necessary legal powers to go ahead and do the things that may be necessary in time of emergency; and as chairman of the State health commission I can assure you that your assistance and your helpfulness will be very much appreciated in the days to come.

Dr. LANG: Are there any questions to be submitted to Mr. Mailler? Dr. Tiffany, will you comment on Mr. Mailler's discussion?

Dr. TIFFANY: As Mr. Mailler has said, we have endeavored in every possible way to cooperate not only with the program as he has indicated but for any health preparedness or emergencies as far as casualties in our own institutions, or civilian casualties in their neighborhoods, or evacuees, are concerned. We have furnished information to Mr. Mailler's commission regarding the number of casualties that we could accommodate and the number of evacuees in the vicinities of our various institutions. We have also furnished information regarding the equipment which we are able to furnish, the establishment of various emergency stations, ambulance facilities in the neighborhoods; and during the last two weeks, I have been visiting a number of our hospitals—13 so far, and all of them are working along these lines cooperating with the communities. They have all had blackout practices, going ahead in blacking out in places where it is indicated. In the institutions, they are holding various training classes for emergency work; they are establishing air raid stations to identify planes approaching from various directions and cooperating in every possible way. We do not know yet how soon the city of New York will ask us for the use of the Willowbrook State School. Until we know the number of buildings they will want to occupy, it is not possible for us to go further with arrangements. Of course, some government priorities will hold up the completion of some of the buildings. That will probably be taken care of in the regular course of the defense program. We are very grateful to Mr. Mailler for everything that has been done, for his commission has been instrumental in helping us to effectuate these facilities.

Dr. Lang called on Dr. John J. Bourke, research director of the health preparedness commission.

Dr. BOURKE: I first want to thank all of the superintendents of the State mental hospitals for the reports which we have received concerning the preparations for the care of casualties.

A great deal has been accomplished in New York State, during the very short period since the declaration of war, in the establishment of emergency medical services. You have received the details of the program in the various bulletins issued by our office. Therefore, I shall not bother you now with details of the plan, but I would like to point out a few of the philosophies and newer developments.

We have learned a great deal from the experiences of the British, and this has helped in the development of our program in New York. The British adopted a system of fixed first aid posts staffed by full-time or part-time salaried physicians and nurses. When the "Blitz" did not occur

after several months of preparation and waiting, many of these professional people drifted back to their normal pursuits. When the actual bombing did occur, it was necessary to remobilize the physicians and nurses.

The philosophy behind our emergency medical service is to have readily available well-trained squads of physicians, nurses and medical auxiliaries which can be mobilized quickly and dispatched to the areas in distress. In short, our program has had three main features:

First, the emergency medical services were to be closely allied to hospitals, wherever possible. British experience has taught us that air raid casualties are very severe—40 per cent of the injured die, and the majority of those who survive need competent hospital and medical care.

Second, we anticipated that there would be a great deal of public interest in first aid. It is desirable that the public receive this type of training, but caution must be used in the selection of first aid workers who are to serve with the emergency medical teams. The plan provides that they shall work at all times under the supervision of physicians.

Last, it was necessary to have a central control in order to direct the activities of the emergency medical services and the other protective services. In the main, these principles have been adhered to in the development of the local programs. There are now 108 local war councils in up-State New York. Control centers have been established, and each local war council has appointed a responsible physician to serve as chief of emergency medical service and direct the medical services from the control center in his area.

In the event of bombing, the control center is the key point of the civilian protective mechanism and all orders emanate from that point.

At the present time, we are advocating emergency medical service drills to familiarize the personnel with the work and develop a team spirit. After the program is completely set up, it will not be necessary to call all medical units into action every time we get an air raid warning. The chief of emergency medical service can then dispatch only those units which are necessary to meet the particular situation. Thus, a saving of professional personnel will result, with a minimum of interference in normal medical and hospital services.

I have discussed the matter of equipment for the emergency medical services on several occasions with Dr. Tiffany and Dr. Lang. You are all familiar with the plan for the Federal allocation of such equipment. New York State has again shown its self-sufficiency by the fact that many communities have made funds available for minimum amounts of supplies. We have encouraged this type of action, since it may be many months before Federal help is received.

It is very disturbing to learn that many private individuals and organizations have been buying up first aid equipment and storing it in their homes. Such action will lead to a shortage of medical equipment necessary for the armed forces and the civilian protective services. We have been urging the people to depend upon the organized emergency medical services so that it will not be necessary for the individual households to stock up on first aid supplies.

Assemblyman Mailler has pointed out to you the workings of the State hospital planning committee. We are at present working out a plan for the designation of casualty receiving hospitals and outlying base hospitals. I am sure you realize that such designations may change, depending upon where the enemy strikes. However, if we are going to prevent panic and assure our injured persons of proper hospital care, it will be necessary to set up a clearing house at the State level for the transfer of patients from one hospital to another.

Steps are being taken to establish medical and nursing staffs to be moved out to emergency base hospitals when the need arises. As an example of the hospital planning that is going on throughout the State, I should like to mention that in the city of Albany the chief of emergency medical service, in cooperation with his deputies, has selected buildings suitable for temporary emergency hospital purposes, to house approximately 1,000 patients. Further, these workers have available more than 530 beds for these emergency hospital facilities.

A plan will soon be released for the organization of a war nursing corps for civilians. As the shortage of nurses becomes more acute, it will become increasingly necessary to enlist the services of nurses who have retired from active practice. We cannot wait until the emergency strikes us. We must have the names of these nurses, their qualifications and signed statements that they will report for service when needed. The development of skeleton nursing staffs for emergency base hospitals, utilizing the services of these retired nurses, appears to be one of the most economical and satisfactory ways of handling the nursing needs.

In order to put into operation the war nursing corps for civilians, a State nursing officer has been appointed, and district nursing officers have been assigned to the district offices of civilian protection.

I should also like to point out that we have three district medical officers who have been assigned to the district offices of civilian protection in New

York City, Albany and Rochester. Within a short time, we hope to have district medical officers assigned to the Buffalo and Binghamton districts.

I hope that the superintendents of the State mental hospitals will feel free to call upon these physicians and nurses for assistance in working out their emergency medical service programs.

I am sure that many of you are interested in the blood plasma problem. The value of plasma in the treatment of war casualties is well recognized. The Federal government, through the medical division of the Office of Civilian Defense, expects to spend more than a million and a half dollars during 1942 and 1943 in building up reserves of blood plasma for civilian casualty use. About 300 hospitals in the country, each having a capacity of over 200 beds, will receive funds for the establishment of blood plasma banks. Hospitals receiving the grants will be expected to build up reserves of blood plasma for civilian casualty use in amounts of one unit for each hospital bed. In addition, blood plasma will be stored at depots in strategic areas and will be labeled indicating that it is for civilian casualty use.

A program has been inaugurated for the training of physicians in the medical aspects of chemical warfare. This program is being sponsored by the New York State Health Preparedness Commission in collaboration with the New York State Department of Health, the Medical Society of the State of New York and the nine medical schools in the State. Two doctors from each of the medical schools have had an opportunity to complete the five-day course in the medical aspects of chemical warfare at the University of Cincinnati, School of Medicine. These physicians will form a teaching nucleus at each of the medical schools. Priority of invitation to the courses will be given to each local chief of emergency medical service and the physicians on his staff. It is then planned to extend the course to all physicians in the communities. The superintendents of the State institutions will be advised of the local programs.

To acquaint the public with what has been done in the field of emergency medical services, the State Department of Health, in cooperation with the health preparedness commission, has in preparation a 10-minute moving picture film depicting the organization and operation of the emergency medical services.

In closing, I would like to say that all publications and operational letters issued by the health preparedness commission are forwarded to Dr. Tiffany and Dr. Lang before distribution to the various State institutions. In this way, an opportunity is provided for departmental interpretation; and conflict will be avoided with the normal operational bulletins of the Department of Mental Hygiene.

Dr. LANG: Are there any questions regarding this phase of the discussion? What is the progress of Bulletin 3?

Dr. BOURKE: Mimeographed copies with illustrations of Bulletin 4 which you will receive in a few days will give information of the rôle of hospital planning. We have an agreement with Dr. Tiffany and Dr. Lang whereby they do not distribute the information directly to the institutions. They wish to review it before passing it on.

Dr. LANG: Dr. Tiffany, if there are no further comments the meeting will be adjourned.

The Conference adjourned at 4:50 p. m.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JANUARY 1, TO JUNE 30, 1942

**NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY
OF NEW BUILDINGS, ETC.**

STATE HOSPITALS

BINGHAMTON

The new power plant has been completed and is now in operation.

BROOKLYN

Plumbing throughout the institution has been changed to meet the requirements of the Department of Public Works of the City of New York, from which municipality the hospital now receives water without cost to the State.

The community store has been materially enlarged by moving back the partition on the south side of the room about 20 feet. A new marble counter, 26 feet long has been added.

The foundation for the new five-family staff house has been completed, and on June 1 the bricklayers began their work.

The hospital has purchased a new electric shock machine; and a battery lamp has been purchased for use in the operating room should the current supplied by the hospital system or that supplied by the city be cut off.

CENTRAL ISLIP

Construction of the new infirmary building, No. 95, for 600 patients was started in March.

Replacement of the overhead transmission lines connecting the North Colony with the South Colony House was started in May. Four thousand one hundred ninety-two feet of lead-covered cable have been laid.

CREEDMOOR

Creedmoor was fortunate in deliveries for the installation of the new 1,200 K. V. A. engine and generator which is approaching completion. A contract was let to move the well house from the old deep well No. 3 to the adjacent new well which has been designated No. 11; and this work is now well under way.

WPA work has lessened in activity because of shortages of materials and of skilled labor, but during the past half year a number of projects were completed; including retiling of floors with non-slip tile in bathing sections of patient buildings O, P, L and M; and the installation of roofs over the loading platforms at Kitchens 1 and 2, and a new slab on the platform at Kitchen 1.

HUDSON RIVER

A continuing project for the change from indirect to direct heating in the Central Group Building, has been completed to the extent of the funds appropriated. A contract for the installation of control apparatus for four boilers in the power plant has been completed.

A discontinued dining room on Ward 9 has been changed over to a dormitory for 64 patients.

KINGS PARK

The work on the new dairy barn and milk house has been completed. The cows were moved in on February 16; and the cows which were being cared for at the Central Islip State Hospital, have been returned. The herd is producing approximately 600 quarts of milk daily.

MANHATTAN

The new operating room in the Mabon Building was ready to function in May.

Contracts were let for work in the construction of an elevator shaft in the Annex Building; for roof repairs to the Mabon Building; for plumbing, heating and toilet facilities in the old Institute Building.

Under the auspices of the WPA interior painting and plastering, and painting of the exterior trim of the Kinnicut, Keener, Mabon, Assembly Hall, Laundry, Employees' and patients' Cafeterias, Mortuary, Nurses' Home, Higgins, Male Home West has been completed.

The drug room in the Main Building is being entirely renovated; its capacity is increased by the addition of another room and it will be completely fitted with new cabinets.

The reception room of the administration section has been redecorated and newly reupholstered furniture has been installed.

On April 9 the new cafeteria commenced to function in the Main Building for 600 male patients. The site of this cafeteria is in the old dining room No. 14 and it was remodeled by the WPA and maintenance forces. Dining Room No. 13 in which the patients formerly obtained their meals

is now being renovated and will provide facilities for the care of at least 100 patients. In this section, there will also be established a barber shop for the entire Main Building.

A cafeteria will be established in the new branch building for patients in the old and new branch groups. By this means, extra accommodations will be provided for 60 bed patients.

The demolition of the East Building was commenced in May.

MARCY

The WPA project for grading, seeding, landscaping, transplanting trees, construction of sewer lateral and water lateral for two comfort stations in the amount of \$87,014 was started in March, 1941; suspended in May, 1941, on account of lack of WPA labor, and again started in early November, 1941. It is now 14 per cent completed.

The WPA project for interior painting of buildings A, E, G, F, West kitchen and D diningroom and the exterior painting of buildings A, D, staffhouse and assembly hall is 25 per cent completed.

A 10-stall garage is being constructed for employees.

MIDDLETOWN

In February, the post office was moved to a new location. Facilities have been enlarged and rearranged.

In March, a recreation room was opened for the patients in the reception building. This room was formerly a utility room which has been remodelled and decorated.

Extensive repairs to the roof of the Main Building have been completed.

PILGRIM

The contract for the interior painting of buildings 81, 82 and 83 has been completed, and work on contracts involving nine other buildings has been started.

The exterior of building 18 was waterproofed and the interior painted.

Irrigation equipment for approximately 10 acres has been installed and put into use at the farm.

The WPA has been proceeding with grading and landscaping, and trees and shrubs have been planted.

ROCHESTER

The 1942 Legislature made an appropriation of \$10,000 for the replacement of the mansard roof on the oldest section of the Monroe group of buildings. This roof has been in a bad state of repair for several years.

Parking space, adjacent to the reception and administration buildings, has been a problem for years. By cutting back into the lawn, adjacent to the roadway, it has been possible to provide diagonal parking for about 12 cars.

ROCKLAND

The addition to the shop building is practically completed; and part of the building is occupied.

An observation tower has been built on the roof of the eight-story building where air observation service is maintained 24 hours a day by officers and employees of the hospital under the direction of the First Interceptor Command of Mitchell Field.

ST. LAWRENCE

Under the WPA, work was performed on projects of painting, the laying of hardwood floors, and the construction of a steam line duct.

WILLARD

Work in connection with the establishment of a supplementary operating room in the basement of the infirmary has been completed by hospital personnel. The material used was taken from other parts of the hospital.

On January 6, Hillside Cottage was evacuated and the patients were moved to Sunnycroft, as the cable of the fire alarm system to this cottage was found so deteriorated as to make repair impossible, and the building was without fire protection.

STATE INSTITUTIONS**NEWARK STATE SCHOOL**

An annunciator of the alternating current type for the fire alarm system has been installed in the power house, to replace an obsolete battery type.

The contract for replacing the wooden stairs in "G" building with steel stairs has been completed. Plans for the installation of similar stairs in "H" building have been postponed because of inability to obtain material.

Modern machinery has been installed in the shoe shop.

Considerable grading has been done of the grounds adjoining the south dormitory and boys' hospital buildings.

SYRACUSE STATE SCHOOL

A completely new project has been undertaken for improvement of the pantry, kitchen, patients' dining room and supervisor's quarters at Edwards Colony. Improvements have been made in the pasteurizing plant.

WASSAIC STATE SCHOOL

A new department has been opened in the community store where patients may do their own shopping; and a system of personal trade cards for the patients has been inaugurated.

A new roadway has been constructed from the laundry to the administration building, and a large parking space is being constructed between Building A and the administration building.

In connection with the war conservation program, a paper baler has been purchased and a building for paper storage constructed.

CRAIG COLONY

Iris cottage, damaged by fire some time ago, has been restored and re-occupied by 30 female patients.

An electric elevator has been installed in the Colony laundry to take the place of an old plunger-type elevator.

NOTEWORTHY OCCURRENCES

STATE HOSPITALS

BINGHAMTON

Dr. George Weber of the tuberculosis division, New York State Department of Health, called at the hospital February 18 and outlined methods and means of segregation, followup study and treatment of cases found during the hospital survey of November, 1941.

Lieut. Col. John N. Johnson, Jr., deputy director, Southern Tier District, New York Council of Civilian Defense, accompanied by Jay Gregory, civilian defense coordinator of Binghamton, gave talks at this hospital, March 19, concerning employees' duties and responsibilities in the event of attack.

Morningside Farm Cottage was temporarily closed April 30, due to shortage of personnel and the inability to find suitable male patients to assign to the cottage. The patients were placed in other farm cottages, where there were sufficient vacancies.

At the present time, there are five officers and 31 male and one female employee in military service.

First aid classes have been developed at the hospital through the cooperation of a local first aid instructor, for officers and employees. Considerable material and equipment for use at these classes was fabricated at the hospital.

Graduation exercises of the school of nursing were held in the assembly hall Wednesday, June 17. Fourteen nurses were graduated.

The annual field day, a large outdoor picnic, was held on Wagner Hall Field, Wednesday, June 24.

Mrs. Jennie E. Bowden, occupational therapist, was promoted to chief occupational therapist, January 16.

George Mann, special attendant in the hospital store, retired on pension, January 11, after 25 years service.

Miss Anna Roberts, and Jesse Thomas, charge attendants, retired on pension, April 30.

BROOKLYN

A meeting of the Psychiatric Society of the Metropolitan State Hospitals was held here January 9. The program consisted of a paper on "Metabolies and the Genetic Aspects of Certain Types of Mental Deficiency," by Dr. George A. Jervis, pathologist, Letchworth Village, and a paper, "Art as an Aid in Psychiatric Diagnosis," by Dr. Joseph K. Zimmerman, assistant physician at this hospital, and Leon Garfinkel of the Works Progress Administration.

In March, Dr. William J. Tiffany, Commissioner, designated the Brooklyn State Hospital as a training center to which physicians from the various State hospitals could be sent for a month to observe insulin and metrazol shock therapy. Arrangements were made for four physicians to visit the hospital each month.

During April, representatives of the New York State Department of Health made X-ray examinations of the chests of all patients, officers and employees of the institution for the detection of pulmonary tuberculosis. Only one employee was found to have active tuberculosis, and arrangements were made for her admission to the New York State Hospital for the Treatment of Incipient Tuberculosis at Ray Brook where she is now receiving treatment. The incidence of tuberculosis among the patient population was very small, with only 22 cases which showed any activity. Arrangements were made to transfer these to institutions having facilities for their care, together with 16 other patients who showed no signs of active tuberculosis but whose segregation was recommended.

The location of the hospital and the present military situation has made it necessary to make every possible provision for air raids. Several first aid

courses have been conducted, over 150 employees have received their cards from the American Red Cross. Arrangements have been made for employees to take the course given for air raid wardens, and at the present time 25 additional air raid wardens are being trained for service within the hospital. Six first aid units have been organized and properly equipped. Arrangements have been made whereby the operating room suite can be blacked out and also the dressing room on the second floor of building 10. The upper parts of the light globes at the entrances to the various buildings have been painted to prevent upward glare; and ground lights have been dimmed throughout the institution. This has made it desirable to lock the gates, which was first done on June 1, so that after nightfall all vehicles must enter the grounds through the Troy Avenue gate where a night watchman is stationed.

The hospital has had several blackouts all of which were successful. A gong has been installed in the power house, which is connected with police headquarters. By opening the large switch, the institution may be blacked out within 30 seconds after an alarm is given. All wards are supplied with candles placed in cans of sand, over which small metal canopies have been constructed to throw the light upon the floor. These are placed along the corridors away from the windows and have worked out quite satisfactorily.

The height of building 10 has made it necessary to dim out, as far as possible, all the lights in the upper stories so that the structure will no longer be visible at night to the enemy at sea.

Pails of sand, shovels and necessary equipment for dealing with incendiary bombs have been placed in the attics of the various buildings.

The superintendent, first assistant physician and the steward have been appointed building control directors. The superintendent has been designated as vice-chairman of the Office of Civilian Defense; chairman of the Conservation and Nutrition Committee of the 71st Precinct, and chairman of the Consumer Committee of the 71st Precinct; and at present, he is taking an active part in the work of these agencies.

The meeting of the New York State Association of Occupational Therapists was held at Brooklyn, May 23. Louis J. Haas of the New York Hospital—Westchester Division presided. Miss Virginia Scullin, chief occupational therapist, Pilgrim State Hospital, gave a talk on the use of waste material; Dr. Clarence H. Bellinger, superintendent, presented a paper on recent trends in the care of mental patients.

The graduating exercises of the school of nursing were held on the afternoon of June 13. The class was made up of 13 men and 23 women. The principal address was made by Colonel Samuel J. Kopetzky, medical division, selective service.

The new service flag of the employees was shown for the first time at the graduating exercises on June 13. At the close of the fiscal year, there are 132 officers and employees of the hospital in military service.

Michael Cresham, charge attendant, died on March 4.

BUFFALO

Dr. Harry H. Ebberts, president of the board of visitors, has been reappointed a member.

Dr. Samuel W. Hamilton, mental hospital adviser, and Miss Mary E. Corcoran, adviser in psychiatric nursing, both of the United States Public Health Service, Washington, were at the hospital from June 17 to 21 surveying its facilities and activities. Dr. Hamilton was accompanied by Dr. David Slight, professor of psychiatry at the University of Chicago and president of the Illinois Society for Mental Hygiene.

A Health Officer's Institute was held at the hospital on May 28. Talks were given by physicians, the social worker, principal of the training school of nursing, and the chief occupational therapist. Shock therapy was observed, and an inspection of the hospital was made.

The Western New York Occupational Therapy Association met at the hospital on February 3.

CENTRAL ISLIP

Dr. George A. Smith, superintendent emeritus of Central Islip State Hospital, died in Garden City, Long Island, January 6. On his retirement in December, 1932, Dr. Smith had worked for 51 years among the mentally ill, 38 of which were spent as superintendent of Central Islip State Hospital.

The Long Island Psychiatric Society met in Robbins Hall on January 20. Dr. Reidar Trygstad, pathologist, presented a paper, "Modern Aspects of Bright's Disease," and Dr. Harry McGrath, visiting ophthalmologist, read a paper on "Retinopathies in Bright's Disease."

Twenty-four female patients were received by transfer on January 30, 25 males on February 6, and 25 females on March 27 from Brooklyn State Hospital.

The tenth annual meeting of the Regional Conference Area 13, for the Counties of Nassau and Suffolk, New York State Conference on Social Work, was held in Robbins Hall, April 7, and was attended by approximately 260 persons. On the preceding day, an institute on mental hygiene and morale was conducted by Dr. Charles Otchin of the hospital staff for a group of workers from Nassau and Suffolk Counties.

This hospital, which has been designated as a casualty station and base hospital, complied with the practice blackouts on April 19 for the town of Islip and on April 23 for Suffolk County. Staged casualties were brought in from specified areas for first aid treatment.

On April 30, the hospital personnel gave an entertainment in Robbins Hall for the benefit of the Red Cross and Navy Relief. The show was repeated, May 5, for the patients.

Dr. David Corcoran, superintendent, attended the May meeting of the American Psychiatric Association in Boston.

Sixty-two men employees have entered military or naval service since January 1.

Eighty-six women and 82 men patients were transferred to Willard State Hospital on June 3.

On June 18, the graduation exercises of the training school for nurses were held; there were 27 graduates, 19 women and eight men. The address was by Janet Geister, R. N., editor, *Trained Nurse and Hospital Review*.

Retirements for the six months period were: Fritz Bukatz, special attendant-upholsterer, December 31, 1941; Conrad Harmssen, charge attendant, January 4; Michael D. Nolan, shoemaker, March 1; Joseph Farrell, Jr., chauffeur, April 16; Joseph S. Miller, plumber and steamfitter, April 30; and John J. Bothwell, shoemaker, May 31.

Deaths were: Frank Powers, special attendant-janitor, January 20; and John Finnin, attendant, January 26.

CREEDMOOR

Electric shock treatments were begun at Creedmoor, January 31.

A chest survey of all officers, employees and patients by the New York State Department of Health, division of tuberculosis, was begun in January.

As a part of a study being made by the Rockefeller Foundation, 1,000 Creedmoor patients were vaccinated with influenza vaccine in February. A check will be made later as to illnesses of these patients during the succeeding year.

The annual patient minstrel show was held February 19 and 20 with three performances. Several guests were present from the theatrical profession; and James Barton, Sy Lambert, Jack King and Howard Bogansen contributed to the evening performance on February 19.

Capping exercises for the 12 members of the junior nursing class were held the evening of March 18.

A regular meeting of the Long Island Psychiatric Society was held at the hospital the evening of April 21.

The evening of May 7, through the courtesy of Mortimer Gold of Forest Hills, the patients enjoyed a vaudeville entertainment.

In May, the hospital was visited by Charles Freck of the Queensborough Tuberculosis Association accompanied by Drs. A. H. Busch and N. J. Bubliss of the City Tuberculosis Sanitarium, St. Louis.

During the past few months, the hospital has participated in trial black-outs. Several were called by officials of the city—two were held on our own initiative.

George H. Bruns, member of the board of visitors, entered military service in April.

GOWANDA

During January, an auxiliary branch of the Gowanda Chapter, American Red Cross, was organized at the hospital, with headquarters and work rooms in the basement of the nurses' home. Patients, employees and officers' wives have made this a very active center.

On April 6, the blood bank organization of Buffalo, visited the hospital and obtained blood from employees who volunteered as donors.

This hospital has been designated as an affiliating center for students of occupational therapy at the University of Toronto. On May 17, two young women reported for six months internships in this department.

Two of our graduate nurses, Miss Lucille Evans and Miss Mary Farley, volunteered and in May received commissions in the U. S. Army Nursing Corps.

Civilian defense activities were placed under the direction of the chief of the hospital fire department. Special studies have been made of the buildings, with reference to safety measures; intensive training is being offered to the fire department; and 132 employees have taken standard courses in first aid.

HARLEM VALLEY

The Dutchess County Medical Society held its June meeting at the hospital. A golf tournament was held in the afternoon, dinner at 8 p. m., followed by a scientific meeting. Dr. F. W. Parsons, former Commissioner of Mental Hygiene, was speaker of the day. His subject was "Psychiatry and the Armed Forces."

Miss Allena Ralston, assistant social worker at the Gowanda State Hospital, was transferred to Harlem Valley on May 1 as assistant social worker.

HUDSON RIVER

On January 22, Harold W. Lyall, Ph. D., assistant director in charge of antitoxin, serum and vaccine laboratories, Department of Health, Albany, visited the hospital with his assistant, and on January 23 and 24, with our local physicians, gave approximately one-half of our hospital population intradermal inoculation with typhoid vaccine. The other half of the population are being reinoculated with the usual three doses of typhoid vaccine.

Three hundred employees and members of the medical staff took part in I Am an American Day parade, May 17, in Poughkeepsie.

Nine members from the extension course for health officers visited the hospital, May 20. A clinical demonstration was given by Dr. C. Vaughn Lewis, and tour of hospital activities and buildings in charge of Dr. Courtney L. Bennett was made.

The facilities of the Hudson River State Hospital Golf Course were given over to the U. S. O., on May 24. A tournament was held and \$244 realized.

Presentation of colors by the Employees' Association, Hudson River State Hospital, to this institution took place at 3 p. m. on Sunday, June 14, with acceptance of colors by Dr. John R. Ross, superintendent. A New York State flag was presented, together with a service flag of 122 stars representing all employees from this institution in service to date.

A large number of members of the medical staff attended the meeting of the Dutchess County Psychiatric Society at Harlem Valley State Hospital, June 17.

The following employees retired on pension during the past six-month period: Mary Meighan, supervisor, March 31; Annie E. McNamara, charge nurse, March 31; Frank Smith, mason, May 1; Herman Eglin, attendant, May 1; and George G. Lozier, chef, June 15.

Mrs. Jean Leeson, assistant social worker, resigned May 16.

KINGS PARK

On January 30, official notification was received of the reappointment of Dr. John H. Reb as a member of the board of visitors by Governor Lehman, his term expiring December 31, 1948.

The system of buying Defense Bonds by the personnel of the hospital with regular semi-monthly pay deductions was inaugurated in March. The response was very good with about 975 employees signing pledge cards. This will average about \$30,000 a month payroll deduction for the purchase of bonds.

On March 12, official notification was received of the appointment of James F. Twohy, 189 Montague Street, Brooklyn, as a member of the board

of visitors to fill the vacancy caused by the death of Matthew J. Tobin. Mr. Twohy's term of office will expire December 31, 1947.

The School of Nursing held capping exercises at the Macy Home on May 13, at 2 p. m., Mrs. Arthur E. Soper addressed the students.

On May 17, Veterans Day was held at the hospital under the direction of the Nassau and Suffolk Counties American Legion posts, at which time the hospital received a present of a service flag. The Donald C. Munro Post presented individual service flags to the family of each man who entered military service from the hospital and the village of Kings Park.

On May 30, the annual Memorial Day exercises were held at Tiffany Field under the direction of the Donald C. Munro American Legion Post.

On May 14, a third practice blackout was held at the hospital under direction of the civilian defense for Suffolk County. This blackout was conducted with dispatch and effectiveness without any untoward results.

Mrs. Mae H. Traynor was promoted to assistant chief occupational therapist April 1.

Mr. Alfred Keitel, electrical worker, retired March 31.

Mrs. Estelle Keital, special attendant, retired April 30.

Mrs. Marie Stephensen, head laundress, retired May 31.

Deaths listed during the last six months are: Mrs. Catherine L. Cahill, night supervisor, February 6; Joseph Brady, attendant, March 3; and John J. McNickle, attendant, March 3.

MANHATTAN

On April 23, May 22 and June 5, the hospital, in conjunction with the City of New York participated in blackouts.

Capping exercises of the school of nursing were held at the hospital on March 6.

On May 6, Dr. Benjamin L. Allen, senior assistant physician, was assigned for a period of one month to the Brooklyn State Hospital for the course of insulin shock therapy.

On May 18, the tuberculosis survey carried on under the direction of the Department of Health was commenced; and it was completed on June 12. The following is a summary of the work done:

	Patients	Employees
Number X-rayed	3,030	707
Negative	2,710	672
Apparently healed reinfection tuberculosis.	161 (5.3%)	25 (3.5%)
Clinically (minimal)	48 (1.6%)	4 (0.5%)
Significant (mod. advanced)	25 (0.8%)	0
Tuberculosis (advanced)	16 (0.5%)	4 (0.5%)
Total	89 (2.9%)	8 (1.1%)
Cardio-vascular conditions	54	1
Other intrathoracic conditions	16	1

Field day was held at the hospital on June 9.

Members of the non-medical personnel on leave of absence for military service are: Walter Hicks, James J. Clarke, Michael Galvin, James Zuckowski, Andrew Peth, Salvatore Mingoia, John Barney, Patrick McGettrick, Michael Reddan, Rudolph Voss, Patrick Camny, Leslie Bourne, William Bonfield, Joseph Egelhofer, Harold Ganz, John J. McDonnell, Anthony R. Penny, and Floyd Patterson.

MARCY

On April 24, 75 psychology students and 50 medical students visited the hospital. During the morning, the psychology students were conducted on a tour of the hospital by Dr. Neil D. Black, and the medical students had a demonstration of insulin and electrical shock treatment by Dr. L. Laramour Bryan and Dr. Nicholas Berezel. In the afternoon, both groups attended a lecture and clinic by Dr. Neil D. Black.

Mrs. Ruth B. Nelson, chief occupational therapist, and Martin W. Neary, occupational therapist, attended the Institute for Chief Occupational Therapists at the Psychiatric Institute, New York City, April 27, 28 and 29.

Dr. William W. Wright, superintendent, attended the annual meeting of the American Psychiatric Association at Boston in May.

Dr. Neil D. Black, who went on leave of absence June 15, did so to accept a position as director of the division of parole and family care under the Temporary Commission on State Hospital Problems.

MIDDLETOWN

The hospital has undertaken numerous civilian defense activities. Sites for first-aid stations have been selected and equipped. Two operating rooms can be completely blacked out at a moment's notice and fully utilized if need should arise. First aid classes for all employees are in operation. The hospital successfully carried out its first blackout in cooperation with that held in the city of Middletown. In exactly one and one-half minutes, all lights on the grounds were extinguished except those left for emergency medical services; and these were thoroughly concealed.

The capping exercises for our newest class of nurses in training were held in the Valley Home on February 24. An address to the students was given by Dr. Edith G. Selleck.

On March 13, notification of the appointment of Mrs. Elizabeth Clemson Batcheller as a member of the board of visitors, to fill the vacancy caused by the death of Robert H. Clark, was received.

Miss Edith Holloway, assistant to Dr. Frank Tallman, director of the parole and family care study of the Temporary Commission on State Hospital Problems, spent a few days at the hospital in January. The whole question of family care of patients was discussed, and many of the boarding homes were visited.

On March 17, Miss Sue H. Mason, a representative of the Temporary Commission on State Hospital Problems, visited the hospital to discuss parole problems. The feasibility of a parole center in the metropolitan area for patients from various hospitals was discussed.

On April 6, the Rotary Club of the City of Middletown visited the hospital; and after luncheon a number of the members were escorted through the institution.

On April 17, District No. 11 of the New York State Nurses Association met at the hospital. The session was attended by approximately 200 persons. In addition to the regular program, the meeting was addressed by Dr. Edith G. Selleck, who spoke on mental hygiene.

On May 12, the birthday of Florence Nightingale, an open house was held at the hospital. A short motion picture having to do with nursing as a career was shown, principally to interest visiting high school students. Tours of the hospital were conducted and tea served. About 125 persons visited during the afternoon.

During April, Dr. Max Unger of the medical staff was assigned to the Brooklyn State Hospital to observe the methods employed in the various shock therapies which have been instituted there. It is expected that a complete review of the entire subject by the staff will be made shortly in order that any measures that are deemed suitable may be carried on in carefully selected cases.

Mrs. Gladys Nichols, for nine years a member of the steward's department of the hospital, died at her home in Middletown on January 31.

Arthur J. Townsend, with almost 35 years of service at the hospital and for the past 24 years storekeeper, retired on January 31.

Miss Victoria F. Malecki, assistant social worker, has received an extended leave of absence because of illness.

Military leaves of absence since January have been granted to: Harry C. E. Crist, William C. Sannwald, William Murphy, Saverio Napolitano, John S. Wesneski, Herman Wolkenberg, Lawrence McDonald, George K. Craig, Ernest Cummons, Frank Smith, Lawrence Darbee, Reme D. Boettcher, Henry Hoffmeister, Jr., Charles Plock, Francis Prendergast, Ralph Burtis, Otto Schuler, Leo Barry, Richard Murray, Harry E. Creveling and Vincent Ahern.

PILGRIM

On January 6, Dr. H. Beckett Lang, assistant commissioner, and P. J. McCormack of the Department of Mental Hygiene, with a delegation from the Navy Department, Rear Admiral Ralph Whitman, C. E. C., U. S. N., Captain K. C. Williams, M. C., U. S. N., Captain C. E. Robertson, M. C., U. S. N., Chief Pharmacist W. E. Barble, U. S. N., and R. A. Whitman, public works officer, 3rd Naval District, New York City, made an inspection of the hospital facilities.

On the evening of January 6, there was a farewell party at the American Legion rooms at Bay Shore, L. I., for men inducted into military service from this hospital. The superintendent attended.

On January 8, three first aid classes were arranged for 8:45 a. m., 2:30 and 6:00 p. m., so that employees, relieved from the various tours of duty, might be able to enter one of the three classes. Over 400 employees have enrolled.

Word was received on January 10 that a member of the board of visitors, Andrew J. Melton, had been appointed chairman of the national fund of infantile paralysis for the County of Suffolk.

On January 14, Dr. A. E. Soper officially terminated his position at this hospital as first assistant physician, a post he had held since April 1, 1932.

On January 14, Drs. Bigelow, Southerland, Lacy, Brill and Pearce assisted the local draft board at Hempstead in the examination of selectees. During the evening over 100 candidates were examined. This procedure has been going on for some time, the hospital having offered the services of its physicians to local draft boards. All have agreed to form groups any evening to assist in this emergency work. The superintendent has been appointed psychiatrist to the Medical Advisory Board of Nassau County.

Dr. L. B. Kalinowsky was invited to discuss shock treatments in psychiatry in a symposium at the Post Graduate Medical School and Hospital, New York City, on January 16.

The superintendent was in conference on January 19, with Martin P. O'Leary and J. W. Friedman of the Attorney General's Office, relative to a suit for \$100,000 filed against this hospital by the estate of Seymour Connors, a deceased patient.

On January 20, the superintendent met with chief justice Edward Lazansky of the Appellate Division of the Supreme Court in Brooklyn, relative to writs of habeas corpus. This hospital has been requested to produce many patients in various courts on writs. Some time ago, in one day, 18 writs were heard in Riverhead before the Supreme Court. In practically every case, the patient has been remanded to the hospital. The matter was explained to Justice Lazansky and he agreed that it was a procedure expensive

to the State and one which undoubtedly could be remedied. Arrangements now are being made whereby writs for Central Islip, Kings Park, and Pilgrim State Hospitals may be heard on some given day each month at one of the three hospitals. This, without prejudicing the rights of the patients, will be a considerable help to the hospitals.

The superintendent conferred on January 21, with Dr. Wexler of Islip Terrace, Mr. Clark of the Southside Hospital, Bay Shore, and Mr. Berry, relative to civilian defense. The facilities and methods used at the hospital for protection in air raids and for the formation of a casualty station were inspected.

On January 30, word was received at the hospital of the reappointment of Andrew J. Melton as member of the board of visitors, his term of office to expire December 31, 1948.

The superintendent attended a meeting of the Committee on Statistics and Forms at Utica State Hospital on February 4. This was the first of several such meetings attended by him during the six months period.

Dr. S. Eugene Barrera, principal research psychiatrist at the Psychiatric Institute and Hospital, New York City, visited the hospital on February 11, particularly with reference to the work done in electric shock therapy.

Six members of the Farmingdale League of Women Voters visited the hospital February 12, in connection with their present studies in mental hygiene. Dr. D. M. Carmichael addressed the group.

A transfer of 25 female patients arrived from Brooklyn State Hospital, February 13.

A transfer of 25 male patients arrived from Brooklyn State Hospital on February 24.

Word was received from the American Medical Association that this hospital had been approved for residencies in psychiatry on February 25.

For a period of four days in early March there was an outbreak of gastroenteritis which affected about 325 patients and was localized in one portion of the institution. The matter was called to the attention of the health officer, and an assistant district health officer came to the hospital to help with an investigation. No definite cause for this condition was found, but it was believed that it was transmitted through food, the most likely source being ice cream. The condition rapidly cleared up under treatment.

The superintendent, together with Mr. Ware and Mrs. Mary Buyek of the WPA Art Project, went to Yaphank relative to a purchase of pictures for this hospital, on March 6; and he went to Westchester to complete arrangements for the purchase the following day.

The superintendent and representatives of Mitchell Field and the State Police conferred relative to assistance in defense procedure, to be followed at the hospital on March 10 and 16.

On March 15, the superintendent attended a meeting of the Islip Town Defense Council to which he had recently been appointed as representative of the State hospitals in this district.

The regular meeting of the Long Island Psychiatric Society was held at this hospital on March 17. The speaker was Dr. E. Jefferson Browder, New York City, "Head Injuries."

A transfer of 25 female patients arrived, March 24, from Brooklyn State Hospital.

On March 25, Dr. Foster and seven members of the staff of the Veterans' Facility at Northport, visited the hospital, particularly to see the work done in the electric shock clinic.

The superintendent attended the fifth of a series of two-hour lectures on Civilian Defense and took the examination on March 30.

Dr. Israel Wechsler of New York City, addressed the regular evening meeting of the staff on March 31.

Members of the social service department attended the regional conference, of the New York State Conference on Social Work at Central Islip State Hospital on April 7.

On April 9, Warde G. McLaughlin, principal, and Mr. Moreland in charge of vocational guidance, with six girls from Bay Shore High School, came to the hospital to see the work of the nurses' training school.

On April 12, after careful consideration, the Protestant church services which had previously been held at 2 o'clock in the afternoon, were changed to 10 o'clock in the morning. While this change had been attempted before, it was never possible because of interference with the Protestant chaplains' services in their local communities. Many of the patients had refused to go to church in the afternoon because they did not want to miss possible visits of relatives.

Capping exercises for nine students of the nurses' training school were held on April 14.

Drs. Bigelow, Binzley and Luke attended a meeting of the medical staff of the Huntington General Hospital, April 17.

On April 19, an air raid alert was held at the hospital and the following units were in operation—casualty station, base hospital, ambulance units, first aid squads, fire department, air raid wardens, and demolition personnel. The hospital was complimented by the local authorities on the efficiency with which the work was carried out. On April 23, the second county black-out was held.

The Annual Institute for Chief Occupational Therapists at the Psychiatric Institute in New York City, was attended by all the members of the O. T. department at some of the sessions from April 27 to 29.

Dr. L. B. Kalinowsky took part in a discussion of electric shock therapy at the New York State Medical Society meeting on April 29, in New York City, and reported on experience at Pilgrim State Hospital.

Miss Virginia Scullin, chief occupational therapist, addressed the annual meeting of the Tri-State Occupational Therapy Association at Elwyn, Pa., on May 1. Her title was "Uses of Waste Material."

On May 8, Dr. James H. Huddleston of the Veterans' Facility, Northport, came to the hospital to spend several days receiving instruction in electric shock therapy.

The senior class in problems of democracy of the Lawrence High School, visited the hospital on May 12. The class was addressed by Dr. D. M. Carmichael and taken through some of the buildings.

On May 12, there was a practice blackout at the hospital, and on May 14, a county blackout took place.

Word was received on May 16 that the hospital for the second consecutive year, had received first place in the Annual Accident Prevention Contest.

The superintendent attended the May meeting in Boston of the American Psychiatric Association. Doctors L. B. Kalinowsky, Edward Gendel and Gerhard Chrzanowski also attended.

On May 25, Dr. Samuel Feinstein of St. Lawrence State Hospital, arrived at this hospital for a short course in electric shock therapy.

On May 26, Colonel Seymour C. Schwartz, M. C., U. S. A., chief of the department of pathology, Fort Bragg, N. C., visited the superintendent. Colonel Schwartz served with the superintendent in the first World War.

The superintendent gave the principal address at the Memorial Day exercises at Brentwood, on May 30.

During the month of May, a renewed drive for the sale of defense bonds was held at the hospital, and the results showed that 692 employees had signed up for the purchase of bonds, through the Comptroller's office. Many others had bought bonds and stamps outright. The earlier drive was in February.

Miss Virginia Scullin, chief occupational therapist, was notified on June 4 of her appointment to a subcommittee on occupational therapy, formed at the request of the Surgeon General of the Navy, to advise on proper organization of this service for the armed forces.

Dr. L. B. Kalinowsky attended the annual meeting of the American Neurological Association in Chicago in June.

On June 13, Miss Virginia Scullin, chief occupational therapist, read a paper before the occupational therapy associations of Maryland and the District of Columbia, meeting at the James Lawrence Kernan Hospital for Crippled Children in Baltimore.

On June 15, the superintendent received word of his appointment as chairman of the nominating committee of the American Psychiatric Association.

The superintendent attended the annual meeting of the New York State Committee on Mental Hygiene in New York on June 15.

A communication, received June 19, advises that lieutenant-commander Roland G. Vaughan, on leave, has been promoted to advising psychiatrist to the commanding general, Second Marine Division of Fleet Marine Force, San Diego, Cal.

Deaths during the six months period were: Stevenella Shemo, ward attendant, March 6; Martin J. McNabb, ward attendant, March 11; William Kuhlken, Sr., ward attendant, April 6; Lillian Tupper, the housekeeping department, April 28; and Mrs. Catherine Barrett, ward attendant, June 21.

Edward Hatch, cook, retired March 31.

On February 15, Miss Cornelia G. Smith, occupational therapist, resigned.

Miss Carolyn Bradley and Miss Eleanor Scofield were appointed attendant social workers, January 30.

Miss Wenonah Beale was appointed attendant social worker, March 5; Miss Eleanor Rutherford was appointed attendant social worker, March 16; and on June 1, Miss Marie Stevens was appointed assistant social worker, provisional.

Mrs. Alice Robbins, occupational therapist, received leave of absence for six months on March 16.

Miss Caroline R. Bradley, attendant social worker, resigned on April 20.

ROCHESTER

The State Department of Health tuberculosis survey was completed January 28. Altogether 3,778 individuals were X-rayed—3,110 patients and 668 employees.

Dr. Weber's report states: "A total of 129 patients were found to have clinically significant pulmonary tuberculosis; 74 of them were in the minimal stage, 39 in the moderately advanced stage, and 16 were advanced. Of the employees, nine were found to have clinically significant tuberculosis, two had suspicious changes requiring further study."

Naturally, this report has created a problem of administration and it has become necessary to add a large number of beds to both wards formerly

used for care of tubercular patients. All of the so-called active cases have been isolated. In addition to those who were already on the tuberculosis wards, 54 were transferred to these wards.

Of the 10 employees who were found to have shadows suggestive of tuberculosis, by further investigation at the Monroe County Tuberculosis Sanitarium four were thought to need treatment; one has already been discharged and three remain under treatment; two of the 10 had previously been examined for tuberculosis and one was an arrested case. The second is now under treatment.

Since the termination of this survey, we have continued to check all new employees and the incoming patients. It should be added, that this is only a change of procedure from what was being done prior to this survey. For some years back we have fluoroscoped all new patients; and all who were found to be suspicious were X-rayed; and it is thought that all incoming patients who had tuberculosis lesions were discovered and that the method of procedure is far less expensive than the present method.

On June 3, the annual community exercises for the school of nursing were held at the Eastman Theater. All the general hospitals, with the exception of the Strong Memorial, joined the State hospital in the community exercises for all the nurses graduating in this city. There were 126 nurses who received their diplomas at this time, including eight young women from the Rochester State Hospital. There were no men in this class. The two who entered are now in the army.

Eleven doctors on the hospital staff have assisted in the army examination team. Each day of the week, except Sunday, one or more members assist with the examination of draftees.

For the seventh consecutive year, a group of divinity students have presented themselves for a summer course in personality studies. There are six in this group and a seventh who is an experienced leader. These students have their noonday meals at the hospital.

Employees leaving for the armed services from January 1 through June 15 are: Roger Bailey, Herbert Biddle, Leon C. Carson, Donald Criss, Norman W. Cyphers, William R. Fullington, Donald N. Heath, Harold J. Lamphron, Leo S. Lamphron, Joseph M. Mandelaro, David Marshall.

John C. Palumbo, Milo E. Pembroke, Jamie M. Robinson, Charles E. Roeser, Andrew Sangster, Leonard E. Swanson, Andrew I. Taylor, Edward M. Troll, Raymond H. Troutman, Norman S. Wickings, John P. Water, Kenneth McComb.

Harry L. Leach, charge attendant, retired May 1 and died 25 days later.

ROCKLAND

Major James V. Demarest of the First Interceptor Command of Mitchell Field, visited the hospital, January 22, inspected the air raid observation post and gave a talk in the assembly hall to a group of approximately 300 persons from the hospital and surrounding villages of Rockland County.

On January 30, notice was received of the reappointment of Mrs. John Stratton O'Leary as visitor, term expiring December 31, 1948.

On February 9, Dr. Albert Hardy, U. S. Public Health Service, began a study of dysentery in the hospital with the idea of discovering and treating all chronic cases and carriers in the institution in attempting to eliminate it completely from the hospital. One reason for the study was to use the experience gained in the control of dysentery in the army.

Dr. Frank F. Tallman, director of clinical psychiatry, who had been on a leave of absence while engaged in directing the work of parole and family care problems of the Temporary Commission on State Hospital Problems, took a leave of absence effective April 1 to accept a position in the State of Michigan as State Director of Mental Hygiene and Mental Clinics. He resigned as of May 31.

Harry E. Winters, pharmacist, resigned on February 18, and was succeeded by Isidor Saphiro, New York City, who reported for duty on March 5.

Dr. Leon N. Goldensohn, 160 East 89th Street, New York City, was appointed visiting neuropsychiatrist, February 19.

On February 20, the superintendent attended a meeting of the chairman of the committee on legislation of the county medical societies and of the officers of the State Medical Society, held at Hotel DeWitt Clinton, Albany.

On February 20, Dr. William J. Ryan, superintendent of Summit Park Sanatorium, Pomona, N. Y., and visiting roentgenologist and consultant on chest diseases at this hospital, died suddenly at the county sanatorium. His death is a serious loss to this institution as well as to this county as he visited the hospital frequently, was available for consultation, and contributed valuable assistance in the care of our chest cases.

The superintendent and Dr. Kinder visited the Psychiatric Institute on the morning of March 27 for a conference with Dr. Nolan D. C. Lewis, Dr. Dybwad, Dr. Landis, Dr. Humphries and Dr. Storrs on the matter of the training of psychological internes in Warwick State School, Letchworth Village and Rockland State Hospital.

On March 27, a test blackout was held in the hospital in conjunction with the blackout for Rockland County; and on April 30, the hospital cooperated in a county-wide test blackout.

On April 24, the Psychiatric Society of the Metropolitan State Hospitals held its regular meeting in the children's group.

The annual May Festival of the Schools of Rockland County was held in the assembly hall on May 1 and May 8.

On April 10, information was received from the American College of Surgeons that the Hospital Standardization Certificate of the College of Surgeons will be awarded to this hospital in the near future.

Miss Mary E. Hutt, manager of the the Hospital Exchange, has resigned, and Miss Mary Hermann appointed to succeed her.

The Rockland County Medical Society met at this hospital on the afternoon of May 6. Dr. John J. Moorhead of New York City lectured on the medical and surgical aspects of the Pearl Harbor attack. He gave a very interesting account of his personal experiences at the time of the attack and of the surgical treatment of the numerous casualties. The lecture was illustrated with lantern slides.

Dr. Baird, commissioner of institutions of the State of Tennessee, Dr. O. S. Hauk, superintendent of Central State Hospital, Nashville, and Dr. Bedford F. Peterson, superintendent of the Western State Hospital, Bolivar, Tenn., visited the hospital, May 22.

Dr. Gedeon Eros, medical interne, attended the meeting of the American Association of Neuropathologists in Chicago, June 4.

Dr. Elmer Culler, head of the psychology department of the University of Rochester, visited the hospital, May 30 and 31.

A blood plasma unit of the American Red Cross collected blood from donors from the hospital and nearby communities in the assembly hall on May 28. Blood was collected from 132 donors.

John Brady, attendant, died on April 9.

George M. Shepard, charge nurse, died on May 23.

Since January 1, the following employees have left the hospital service to enter the armed forces: John Dudley, Francis Wilson, Hudson VanSickle, Adrian Gonyea, John Speechly, Henry Jakel, Abbie Christe, Jr., Philip Farrell, Francis Hallock, Anthony Mormando, Stephen Bullis, Benjamin Peterson, Philip Cringole, Jr., Harold H. Risley, Silas VanEtten, Frank Kelly, William F. Kunze, Daniel McCallion, Ray Rifenburgh, Peter Mancuso, Frank Pope, Kenneth Gokey, Nicholas Durantino.

Wendel Alfred Shurleff, Harvey Tremper, Howard Van Ness, Andrew Aitchison, Jr., Andrew Coleman, W. Franklin Wyatt, Robert Gustafson, Douglas Saunders, Thomas Dixon, George Celentano, August Mundt, John Dermot Cota, Gordon Loucks, Harry Fitzhugh, Dominick Bonarrigo, Morton Wrury, Elford K. Wanke, Albert Gray, Ivan Cunningham, Edgar Thomas Taylor, Nick Lucketti, William Donovan, Willard Shearon, Floyd Traver.

William D. Jones, Jr., George F. Sekol, Norman C. Leslie, Barnette Koch, John M. Vahey, Douglas Werley, Louis Brosang, Bennie Oliver, James J. O'Sullivan, Frank Metzger, Harry Harrigan, Otto Jacobs, John McCormick, Norman C. Greenwood, Wilson Cooper, Robert G. McMann, Gus Schwind, James T. Newman, Herbert Throop, Peter Helder, Thomas R. Hunter, David Fenton, Seraphin Briere.

John Williams, John William Miller, Martin Demerich, Irving Ward, James B. Brennan, Chester Secor, Donald Herbold, Benjamin P. Moss, Joseph Olita, Bernard Premo, Thomas Viele, Marion K. Allen, Joseph Levere, Mildred E. Kelly.

Since the first of January we have lost a number of mechanics and others in key positions as well as ward service personnel, and it is impossible to find enough men to fill their positions. The most difficult problem is the inability to secure adequate personnel to cover the ward service.

ST. LAWRENCE

Mrs. Janet Brainard, supervisor, was reelected president of District No. 6, Incorporated, New York State Nurses' Association, and Miss Irene Cunningham, chief occupational therapist, was reelected secretary on January 7.

Mrs. E. B. Frenette, Malone, was reappointed a member of the board of visitors on January 19.

On January 28, the physicians at the hospital began a first aid course to nurses to qualify them to give similar instruction to people in the community as part of the civilian defense program.

On February 12, a blackout was held for the city of Ogdensburg in which the hospital participated, and during which an emergency operation had to be performed. On February 26, another was held, during which time the patients' ward party was in progress. Another was held on June 15. They were considered successful.

A herd of 239 cattle was tested for tuberculosis on April 16, and a certificate given that it was a fully accredited tuberculin-free herd. During the past 19 years there has been only one reactor to the tuberculin test.

Through the increased use of horses and rearrangement of schedules, the consumption of gasoline for the period of January 1 to June 30, was 2,666 gallons less than were consumed in the corresponding period for 1941.

On June 17, Dr. L. S. Preston, district medical officer, State War Council, Albany, and Mrs. Elizabeth L. Sewell, district nursing office, State Council of Civilian Defense, visited and inspected the hospital in reference to blackout arrangements, emergency nursing care and other civilian defense matters.

In addition to the purchase of defense bonds made by payroll deductions, officers and employees have purchased through the community store during the past six months, defense stamps in the value of \$814.

Erwin J. Ellis was appointed pharmacist, May 18 to succeed Kenneth J. Roseboom, who was transferred to Creedmoor State Hospital, May 16.

Earl J. Porter, fireman, was retired after more than 17 years of service, because of physical disability.

The following employees left for service with the armed forces since the first of the year: Leon H. Haley, Clarence T. Stevens, Charles W. Stone, Everett K. Thompson, William T. Powell, Melvin J. Premo, Helen M. Campbell, Douglas E. Gibbs, Willard A. Smith, Frank Behan, Francis J. Baker, George P. Travis, Keith Burrows, Leon McMullin, Patrick Bruyere, Edward Richardson and William J. Wood.

UTICA

The annual meeting of the Utica State Hospital Benevolent Association was held on February 17; and it was voted to discontinue the association at the close of its fiscal year on March 31. This association had been organized in February, 1935.

Fire was discovered on April 8, about 7 p. m., in the old wooden ice house, which had been abandoned for ice storage after the artificial ice plant was established. Although the city fire apparatus responded promptly, the house was almost destroyed before the fire was extinguished; and the adjoining one-story structure, used as a rag and waste paper repository, was deeply scorched on one side and about one-half of its shingles were deeply burned. The cause of the fire was not ascertained.

Dr. W. Lester Grogan of Utica, a member of the board of visitors since 1937, died unexpectedly on May 24.

A hospital standardization certificate was received from the American College of Surgeons on May 25, as a result of an inspection of the hospital's equipment for surgery.

Major Edward K. Reid of the army addressed meetings in Hutchings Hall on June 13 on the subject of physicians and dentists applying for commissions. The session in the afternoon was for members of draft boards in this section, and the one in the evening was for physicians and dentists in general. The meetings were called by the Oneida County Medical Society.

Field day exercises were held, June 18, on the lawn of the main building. These were witnessed and participated in by approximately 600 patients. A local band gave the music, and the usual contests of skill were on the program. Light refreshments were served.

The hospital has cooperated with the community in five general blackout practices.

Miss Eva M. Schied, chief social worker, has been assigned to assist the mental hygiene committee of the State Charities Aid Association by arrangement with the State Department of Mental Hygiene in furthering the screening work of selective service. As chairman of the advisory board of Oneida County, she has already organized work in the following counties: Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oswego, St. Lawrence and Saratoga. Social workers were selected, and two groups in each county were addressed on the details of the program to serve the draft boards in the 10 counties, which have a total of 30 boards. Two conferences were held, the first with advisory boards and the second with the assigned social workers.

II. Carleton Mason has been designated by the Department of Mental Hygiene as special agent for the hospital district and part of the Marcy district and has established his office at Dunham Hall, the reception building. Mr. Mason has recently been a member of the steward's staff of the Rockland State Hospital.

Alex T. Rakevich, assistant electrical engineer, retired February 28; and Mrs. Emma T. Renton, nurse, retired on May 31.

The following employees have entered the armed forces since January 1: Tilden J. Warren, Arthur Schrader, Stanley Rosnek, Harold H. Guynup, Stanley J. Butnoris, David P. Larnier, George L. Wimple, Kenneth A. Boles, Anthony Sylakowski, Hammond H. Wilson, Joseph Wivell, Hans Christeler, Frank Zegarelli, Kenneth F. Brown, Clifford Robitelle, Lawyer C. Dunn, Charles M. Wyman, William H. Gates, James M. Doyle, Stanley C. Sears, Charles M. Toepp, John E. Wheeler, Jr., and Hugh C. Boswell.

WILLARD

Dr. Arthur H. Jackson was reappointed by Governor Lehman as a member of the board of visitors on January 19.

Dr. A. V. Hardy, surgeon, U. S. Public Health Service, arrived at the hospital to make tests for typhoid carriers, April 16.

A coal car being brought into the grounds on April 24 became uncoupled in the vicinity of the Grange, ran down the spur to the power house, knocking out the block end of the track, uprooting a maple tree there and throwing it on the roof of the old ice house. Fortunately, no patients were working on the track at the coal pile at the time, though a group of patients was working near the track. The coal car itself weighed 25 tons and held approximately 70 tons of coal. The car was returned to the track on April 29, after three days' work.

The annual parade under the auspices of the American Legion, was held, May 30. The route of march was through the grounds from Grand View to the cemetery. The Rev. O. J. Steverson of Ovid was the speaker and music was by the Ovid Central School band.

During the month of May Dr. Angelo J. Raffaele was at the Brooklyn State Hospital taking a refresher course in shock therapy.

The annual field day was June 11. Music was furnished by the patients' orchestra and the Ovid Central School band.

Miss Cornelia G. Smith, occupational therapist at Pilgrim State Hospital, was appointed to the position of chief occupational therapist, February 15.

Miss Laura E. Clark, a provisional appointee as chief occupational therapist, returned to duty at Rochester State Hospital, January 27.

Retirements during the six months were: Walter T. Argus, supervisor; Mrs. Bertha E. Guy, dining room attendant; Arthur R. Woods, supervisor; Herbert P. Dean, charge nurse; Charles M. Tillinghast, charge nurse; Fred I. Guy, charge nurse; and Owen McCarriagher, attendant.

Louis W. Isham, cook, died on April 18.

Leaves for military service in the last six months were granted to Frank E. Perry, Owen C. Lee, Arthur Johnson, Kenneth R. Favreau, Joseph P. Rizzieri, Robert E. Bacon, Alphonsus P. Driscoll, Charles L. Rowe, Hayes Wilson, Ernest A. Howard.

Carl Alger, Lawrence J. Covert, Kenneth C. Foxx, Otis E. Brockway, Peter F. Adams, Raymond J. Harding, John E. Stenglein, Thomas Maher, Joseph Maleski, and Arthur K. Miller.

PSYCHIATRIC INSTITUTE AND HOSPITAL

The chief engineer has taken a course in air raid defense, given by the New York Police and Fire Departments, and was appointed building control director for air raid defense. Dr. L. E. Hinsie, assistant director, and the chief engineer, organized an air raid signal and sent out instructions as to what to do in the event of an air raid or blackout. The chief engineer gave a short talk on incendiary bombs to nurses. A plan showing the movement of patients and personnel in the event of an air raid was made up, framed, and a copy hung on each floor of the building. Fire extinguishers have been recharged and all fire hose tested. Sand pails, shovels and snuffers for putting out incendiary bombs were placed at several points in the building. Two pack pumps were purchased. Two lectures on air raid precautions were given to the personnel by the police department. Three electric sirens have been installed in the building for use in the event of a blackout or air raid warning. We have had three blackout tests.

The 15th Annual Institute of Chief Occupational Therapists was held at the Institute from April 27 through April 29, with Mrs. Eleanor Clarke Slagle, director of mental hygiene occupational therapy, presiding. Members of the Psychiatric Institute and Hospital who took part in the program, included: Dr. Nolan D. C. Lewis, director; Dr. Leland E. Hinsie, assistant director; and Dr. Jacob Shatzky, psychiatric research librarian.

During the six months period, appointments to the nonmedical staff included: Mary Saunders, occupational therapist (temporary), February 2. There was one resignation from the nonmedical staff in the same period, Lois Craven, occupational therapist, April 15.

On military leave from the nursing department since January, are: Raymond Sanone, Henry Ewing, Milan Jackson, James Fields, Luther Wood, Saul Lehman and Eleanor Chase.

SYRACUSE PSYCHOPATHIC

Dr. Steckel, as a member of the neuropsychiatric committee of the National Research Council and as chairman of the subcommittee on personnel and training of that committee, attended meetings of the committees in Washington in January and in March.

The Hutchings Psychiatric (undergraduate) Society met at the hospital in February and in April.

Dr. J. R. Harris, a member of the staff of the Council on Medical Education and Hospitals of the American Medical Association, visited the hospital on March 30.

Emmett J. Benedict and James B. Dowling, attendants, were inducted into the military service in March.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

A conference on the training of interne psychologists was held at Letchworth Village on February 14. There was extensive discussion as to the best ways of obtaining properly qualified candidates for training for positions in the State service. This meeting was attended by Henry E. Garrett, Ph. D., chairman, department of psychology, Columbia University; Carney Landis, Ph. D., principal research psychologist, New York State Psychiatric Institute and Hospital; Ethel L. Cornell, Ph. D., research associate, Educational Research Division of the New York State Department of Education; Istar A. Haupt, Ph. D., associate examiner, New York State Department of Civil Service; Russell E. Blaisdell, M. D., superintendent of Rockland State

Hospital; Herbert D. Williams, Ph. D., superintendent of New York State Training School for Boys, Warwick; Schachne Isaacs, Ph. D., and Gunner Dybwad, LL. D., both of the New York State Training School at Warwick; and Joseph Zubin, Ph. D., associate research psychologist, New York State Psychiatric Institute and Hospital. Drs. Edward J. Humphreys and Theodora Abel of the staff of Letchworth Village and Dr. Elaine Kinder of Rockland State Hospital were also present at this conference.

A study of the incidence of dysenteric disease has been instituted at Letchworth Village under the supervision of Dr. Albert V. Hardy of the U. S. Public Health Service and is being carried on by Dr. William E. Burns of Cincinnati, Ohio. It is planned to study the incidence of all types of dysentery in the institutions of the Department of Mental Hygiene in this vicinity.

A conference on the adjustment of the borderline and high grade moron girl was held in Vanderlip Hall on the afternoon of March 17. Addresses were made by Miss Edna Mahan, superintendent of the New Jersey Reformatory for Women, Clinton, N. J., and Miss Henrietta Additon, superintendent of Westfield State Farms, Bedford Hills, N. Y. This conference was attended by representatives from several of the institutions of this State and northern New Jersey. Dr. Theodora Abel of the Letchworth Village staff read a paper on the problems of adjustment arising from the association of colored and white girls in the same buildings and in the industries of the institution.

The Letchworth Village Playshop, which is made up of a group of employees interested in theatricals, presented a variety entertainment in Kirkbride Hall on the evening of May 22, for the benefit of the Haverstraw and Stony Point divisions of the Red Cross Motor Corps. The production, "The Village Goes to Town Again," was enthusiastically received by an audience of approximately 400 people from the institution and vicinity.

Alex Young, attendant, who had been employed at Letchworth Village for 11 years, died in the institution hospital on February 14, 1942, after a long illness.

Dr. William J. Ryan, who had been on the consulting staff for several years, died suddenly on February 20.

Robert Larkin, attendant, who had been employed at Letchworth Village for only 10 days, died suddenly on March 13 in the institution hospital.

Samuel O. Miller of West Nyack, a member of the board of visitors, died suddenly at his home on March 27. He had been appointed as a member of the board in February, 1936, and was extremely interested in the welfare of the institution and the children.

NEWARK STATE SCHOOL

The number of patients in family care increased from 212 to 225 during the past six months.

On January 22, the Fanny Farmer Company of Rochester delivered, gratis, three large cartons of candy kisses (several thousand) to the patients.

During the early evening of January 7, a pipe of the sprinkler system in the attic of building "H" broke after freezing. Damage was slight, but 88 resident patients were quickly evacuated to other buildings for the night.

Graduation exercises of the 1942 domestic arts class were held February 10 and June 9. There were eight graduates in each class.

Millicent F. Snyder, dental hygienist, resigned February 14. Her successor, Teresa M. Martin, was transferred from the Wassaie State School, March 16.

Willard C. Bradley, provisional pharmacist, resigned February 18. His successor, Joseph L. Owen, pharmacist, was transferred from Creedmoor State Hospital, May 16.

Dr. George H. Watson and Mr. John B. Keane, were reappointed February 4 by the Governor as members of the board of visitors.

A "refresher" course in nursing was held for the nurses of Wayne County at the school during February and March, as well as a course for the Home Nursing Unit of the Newark division of the Red Cross.

A successful minstrel show was presented by the Association of Civil Service Employees of the school, to the patients on March 4, and to the general public on March 5.

It is with profound sorrow that the school makes report of the death of Dr. Edwin A. Baumgartner, pathologist for the past 10 years. Dr. Baumgartner died at the Clifton Springs Sanitarium, Clifton Springs, March 15, following a two weeks illness, due to a severe streptococcus infection of the throat. His loss is keenly felt by patients, officers and employees.

Dr. H. G. Hubbell, clinical director, attended a conference at Letchworth Village on March 17 and took part in the discussion of a symposium on the adjustment of the higher types of white and negro patients.

On March 23, Harry E. Cowles, junior civil engineer, Department of Public Works, who has had charge of the WPA projects of the school for the past several years, was loaned by the Department of Public Works to the Federal Government for the duration of the war. He is stationed at Baldwinsville.

The institution has participated in several successful trial blackouts for Wayne and adjoining counties. The institution has been designated a hospital for Wayne County for casualties and evacuees. Two emergency medical field units have been organized and equipped.

On March 27, the Men's Club of the school received a trophy for the 1941 championship of the Lake Shore Softball League.

A Court of Honor was held April 14 by Boy Scout Troop No. 147, at which time the charter for 1942 was received. The troop, with its drum corps, participated in parades at Newark on Memorial Day, Flag Day and in the "Kiddie Parade," June 20.

The Neuron Club met at the school, April 25.

Mrs. Dorothy Pollock Dileer, attended the fifteenth annual Institute of Chief Occupational Therapists at the Psychiatric Institute, New York City, April 27, 28 and 29, and was chairman of the exhibits' committee.

Miss Ella Lawrence, dietitian, attended the thirteenth annual convention of the New York State Dietetic Association at Utica, May 7 and 8.

The following employees are on leave for military service: Edward H. Schanz, Thomas Bowerman, William F. Philo, Glenn L. Kuney, Stuart H. McIntyre, Orville E. Lagenor, Lawrence M. Cunningham, Chester Pelis, Duane G. Kelley, Edward L. Hart, Patrick J. Donohue and George C. Trowbridge.

The following employees retired: Mrs. Lillian Cassada, cook, March 31; James G. Jones, charge attendant, April 6; and Pelino Coloraceo, shoemaker, May 1.

Mrs. Florence MacFarline, attendant, died April 10.

ROME STATE SCHOOL

Charles Bernstein, M. D., superintendent of the Rome State School, died on June 13, 1942. During the 47 and one-half years of his work in the institution, Dr. Bernstein took a keen interest in the care, training and happiness of every child under his care.

Born at Carlisle, N. Y., on December 21, 1872, a son of Abraham and Eva Anne Young Bernstein, the childhood days of Dr. Bernstein were spent in that vicinity. Both of his parents died when he was quite young, and for some years afterward he made his home with Dr. and Mrs. Alfredo Guffin, at Howe's Cave. From that home, he went to Albany to live with Dr. Guffin's parents and entered the Albany Medical College, from which he was graduated in 1894. After serving as a medical interne at the Albany Hospital he came to this institution, then known as the Rome State Custodial Asylum, and took the position of assistant physician. On that date, January 1, 1895, there was a population of 200 patients. In 1902, he was made acting superintendent, and on August 1, 1904, was appointed superintendent, serving in that capacity for nearly 38 years. On January 2, 1905, he married Miss Lillian M. Stebbins who took an active interest in the work until her death on September 3, 1935.

While interested in every detail of construction and mode of living throughout the institution, Dr. Bernstein's chief concern was for the training, personality adjustment, and possible community rehabilitation of the patients. While special attention was given to those who might possibly return to the community, the helpless and crippled child was not overlooked but an effort was made to develop each one to the limit of understanding and muscular coordination, and vocational training was carefully planned for all ages and types. As a stepping stone to community readjustment, it soon became evident that the colony center was needed, and the first colony was opened in 1903. Such training gradually brought to the institution patients of a higher type of mentality; and when the name was changed to Rome State School, the idea of a training center was generally accepted. During the years, colonies of various types have been opened; and, during the past fiscal year, with a total average daily population for institution, colony and parole patients of 3,926, the average daily population in 22 colonies for girls was 525, and in 24 colonies for boys was 486.

Dr. Bernstein's interests were not limited to his own institution; he was a member of local, State and national associations for the study of medicine and of mental deficiency, and a member of the American Psychiatric Association as well as other societies of a social and fraternal nature.

The big event of the summer for the patients, Rome's forty-second annual field day, was conducted at the school on June 26 with more than 3,000 patients and guests present. Acting Superintendent Maxwell C. Montgomery, M. D., was field marshal, Dr. Ward W. Millias, assistant field marshal; and the Scouts, the Girls Drum and Bugle Corps, the Music Studio Chorus, the Institution Chorus and a novelty band of patients took part in the exercises. Pupils of the Packer dance studio of Rome presented special dances; and there were the usual track and field events, followed by an evening softball game between the Scouts and H building residents. Refreshments were under the direction of a large committee, and members of the medical staff acted as field judges.

SYRACUSE STATE SCHOOL

The institution is cooperating with the city defense authorities, and two practice blackouts have been held during which the Boy Scouts of the institution were assigned to patrol duty of the grounds. Institution employees are receiving training in first aid.

The Feast of the Passover was held on April 6, and services were conducted by Rabbi Benjamin Friedman. A musical entertainment followed, and refreshments were served for the children.

A physical education demonstration was presented by the boys and girls of the institution on May 8 under the direction of Miss Virginia E. Votti and Harold G. Figenschel, physical instructors.

A spring music festival, "Aunt Drusilla's Garden," was presented by the children of school age on May 22 under the direction of Mrs. Grace A. Crane, music teacher.

The tenth commencement of the class in domestic science and parole training was held June 1. Mrs. Benjamin Stolz, member of the board of visitors, presented the diplomas to 20 girls. The talk to the graduates was by Miss Anna Olmstead, director of the Museum of Fine Arts.

Dr. E. H. Bickle, senior assistant physician, has been an examining psychiatrist at the army induction station during the months of March and April.

On June 11 a silver trophy was presented to the school to be awarded to the winner of the farm colony softball league. This trophy was given by the Child Welfare Committee of the 40 and 8.

Leaves of absence were granted to the following attendants to enter the army: Leo C. Rodgers, Lester A. Humphrey and Lewis L. Burrows.

Elizabeth Hookway, attendant, retired March 31, following more than 19 years in the service.

James Moore, attendant, retired for disability May 15 after over 15 years in the service.

Emma Vroman, laundress, retired May 31 following 43 years in the service.

Emily N. Timerson, supervisor since 1926, died in January.

WASSAIC STATE SCHOOL

The Dutchess County Psychiatric Society had its March meeting at this school with Dr. George A. Jervis as guest speaker.

In connection with defense activities, a glass enclosed, steam-heated aeroplane spotters' shelter has been built and has been used 24 hours a day since December 9, 1941, by employees who volunteer for this work.

Two Red Cross first aid courses have been given, and a group of male employees has been trained as auxiliary police. A mobile hospital unit has been organized. A large quantity of knitting for the Red Cross has also been accomplished.

The institution has started large "Victory" gardens; and, in this connection, school classes were closed on May 30 to permit school boys to work in the gardens weeding and harvesting vegetables.

During the past several weeks, Dr. George W. Weber and Dr. Richard F. Kegel of the State Department of Health have been making a tuberculosis survey in this institution among both patients and employees.

Dr. A. V. Hardy of the U. S. Public Health Service has been conducting a study of patients suffering with enteritis.

CRAIG COLONY

During the past six months, the Colony has participated in three black-outs in Livingston and several adjacent counties. They were successful, due to the excellent cooperation of employees and patients.

One hundred and eighty-five employees have volunteered as blood donors. On January 7, a group from the Strong Memorial Hospital, in Rochester, came to the Colony and took blood from 92 of the 185 volunteers present on that date.

Forty-two per cent of the employees at the Colony agreed to regular deductions from their pay to be used by the State Comptroller in the purchase of war bonds.

On May 14, 571 patients were taken to Mount Morris, to attend a circus.

On May 21, a concert was given at the Colony by the Women's Chorus of the Rochester Gas and Electric Corporation.

Nellie Ferry, who had been employed at the Colony for many years as a cook, died in Peterson Hospital on April 4.

Fifteen employees volunteered or were inducted into Federal military service since January 1.

CHANGES IN PERSONNEL OF THE MEDICAL SERVICE

APPOINTMENTS

Assistant Physician

Alpert, Dr. Herman S., assistant physician, Letchworth Village, March 1.

Culver, Dr. Wesley Y., assistant physician, Pilgrim State Hospital, February 1.

Durand, Dr. James F., assistant physician, Brooklyn State Hospital, February 24.

Durgin, Dr. Bernice Elise, assistant physician, Central Islip State Hospital, February 9.

Evans, Dr. Alexander L., assistant physician, Willard State Hospital, February 1.

Hamburger, Dr. Werner, assistant physician, Utica State Hospital, February 1.

Hyde, Dr. Charles R., assistant physician, Brooklyn State Hospital, February 6.

Jacobs, Dr. Milton, assistant physician, St. Lawrence State Hospital, February 1.

Johnston, Dr. George H., assistant physician, Creedmoor State Hospital, February 15.

Korman, Dr. Samuel H., assistant physician, Brooklyn State Hospital, February 24.

Manno, Dr. Joseph A., assistant physician, Brooklyn State Hospital, February 6.

Manno, Dr. Joseph A., assistant physician, Central Islip State Hospital, February 28.

Maxwell, Dr. Dickinson, assistant physician, Rome State School, April 15.

Moseo, Dr. James A., assistant physician, Buffalo State Hospital, February 15.

Parker, Dr. Ceylon M., assistant physician, Pilgrim State Hospital, February 1.

Pearce, Dr. Marvin G., assistant physician, Pilgrim State Hospital, January 26.

Raffaele, Dr. Angelo J., assistant physician, Willard State Hospital, February 1.

Rosenberg, Dr. Ralph, assistant physician, Central Islip State Hospital, February 9.

Salan, Dr. Irving, assistant physician, Rockland State Hospital, February 15.

Savitseus, Dr. George W., assistant physician, Creedmoor State Hospital, February 15.

Stell, Dr. Bernard S., assistant physician, Buffalo State Hospital, February 15.

Sullivan, Dr. Arthur M., assistant physician, Harlem Valley State Hospital, February 1.

Taylor, Dr. Wayne, assistant physician, Creedmoor State Hospital, February 15.

Weiss, Dr. Edward J., assistant physician, Creedmoor State Hospital, February 15.

Wright, Dr. Harold S., assistant physician, Pilgrim State Hospital, February 1.

Psychiatric Interne

Hacker, Dr. Frederick J., psychiatric interne, Psychiatric Institute and Hospital, January 1.

Nagler, Dr. Simon H., psychiatric interne, Psychiatric Institute and Hospital, January 1.

Ullman, Dr. Montague, psychiatric interne, Psychiatric Institute and Hospital, January 1.

Medical Interne

Barbara, Dr. Dominick, medical interne, Central Islip State Hospital, February 1.

Bogmenko, Dr. Leon T., medical interne, Pilgrim State Hospital, February 24.

Bullard, Dr. John B., medical interne, Pilgrim State Hospital, January 19.

Ciafone, Dr. Frank, medical interne, Middletown State Homeopathic Hospital, February 1.

Coppersmith, Dr. Harold S., medical interne, Central Islip State Hospital, January 1.

Crosbie, Dr. Stanley B., medical interne, Hudson River State Hospital, June 16.

Deutsch, Dr. Leopold, medical interne, Rockland State Hospital, February 15.

Esser, Dr. Kurt H., medical interne, Kings Park State Hospital, April 27.

Goldstein, Dr. Edward W., medical interne, Brooklyn State Hospital, January 26.

Goshen, Dr. Charles Ernest, medical interne, Central Islip State Hospital, April 1.

Legant, Dr. Omar, medical interne, Central Islip State Hospital, February 3.

McGuinness, Dr. Edward J., medical interne, Brooklyn State Hospital, January 15.

Nordlicht, Dr. Stephen, medical interne, Brooklyn State Hospital, January 1.

O'Day, Dr. Sylvester F., medical interne, Rockland State Hospital, June 16.

Piana, Dr. Gaetano E., medical interne, Pilgrim State Hospital, May 4.

Piana, Dr. Mary T., medical interne, Pilgrim State Hospital, May 4.

Pessl, Dr. Paul, medical interne, Marey State Hospital, February 15.

Pospisil, Dr. Anton J., Kings Park State Hospital, April 27.

Re, Dr. Maurice J., medical interne, Pilgrim State Hospital, April 7.

Rudin, Dr. David, medical interne, Brooklyn State Hospital, March 11.

Schonwetter, Dr. Henry, medical interne, Rockland State Hospital, May 16.

Stander, Dr. Alvin, medical interne, Pilgrim State Hospital, April 1.

Toye, Dr. Joseph J., medical interne, Central Islip State Hospital, March 5.

Van Bark, Dr. Bella S., medical interne, Brooklyn State Hospital, January 1.

Senior Research Dentist

Bien, Dr. Saul M., senior research dentist, Psychiatric Institute and Hospital (temporary), January 16.

Dentist

MacCasland, Dr. Willis, dentist, Marcy State Hospital, January 1.

Dental Interne

Jordan, Dr. Sydney L., dental interne, Creedmoor State Hospital, April 22.

REINSTATEMENTS

Gannaway, Dr. Charles R., senior assistant physician, Kings Park State Hospital, March 1.

Pearee, Dr. Marvin G., assistant physician, Pilgrim State Hospital, April 16.

PROMOTIONS

Superintendent

Fletcher, Dr. Christopher, S., from first assistant physician (acting superintendent), Buffalo State Hospital, to superintendent, Buffalo State Hospital, July 1.

Gregory, Dr. Hugh S., from first assistant physician (acting medical inspector), Creedmoor State Hospital, to superintendent, Binghamton State Hospital, July 1.

Soper, Dr. A. E., from first assistant physician, Pilgrim State Hospital, to superintendent, Kings Park State Hospital, January 15.

Acting Medical Inspector

Kelleher, Dr. James P., from first assistant physician, Hudson River State Hospital, to acting medical inspector, June 15.

First Assistant Physician

Biglan, Dr. Albert M., from senior assistant physician to first assistant physician, Central Islip State Hospital, April 4.

Buckman, Dr. Charles, from director of clinical psychiatry to first assistant physician, Creedmoor State Hospital, April 1.

Slaght, Dr. Kenneth K., from director of clinical psychiatry to first assistant physician, Rochester State Hospital, April 16.

Director of Clinical Psychiatry

Brill, Dr. Henry, from senior assistant physician to director of clinical psychiatry, Pilgrim State Hospital, May 1.

Criden, Dr. Frank M., from senior assistant physician to director of clinical psychiatry, Creedmoor State Hospital, April 16.

Davidoff, Dr. Eugene, from senior clinical psychiatrist, Syracuse Psychopathic Hospital, to director of clinical psychiatry, Willard State Hospital (temporary), July 1.

Howard, Dr. Clifford E., from senior assistant physician, Binghamton State Hospital, to director of clinical psychiatry, St. Lawrence State Hospital, April 16.

Kilpatrick, Dr. O. Arnold, from senior assistant physician to director of clinical psychiatry, Willard State Hospital, March 20.

Pollaek, Dr. Benjamin, from senior assistant physician to director of clinical psychiatry, Rochester State Hospital, May 1.

Assistant Research Psychiatrist

Pacella, Dr. Bernard L., from resident in psychiatry to assistant research psychiatrist, Psychiatric Institute and Hospital (provisional), April 7.

Dentist

Clarke, Dr. G. Herbert, from dental interne, Creedmoor State Hospital, to dentist, Rome State School, January 1.

RETURNED FROM LEAVE OF ABSENCE

Bush, Dr. Frances H., assistant physician, Rockland State Hospital, April 1.

ON LEAVE OF ABSENCE

Black, Dr. Neil D., clinical director, Marcy State Hospital, June 15.

Durgin, Dr. Bernice Elise, assistant physician, Central Islip State Hospital, March 1.

Naples, Dr. Maria S., assistant physician, Syracuse State School, June 30.

ON LEAVE OF ABSENCE FOR MILITARY OR NAVAL SERVICE

Bennett, Dr. Courtney L., senior assistant physician, Hudson River State Hospital, June 6.

Berman, Dr. Harold H., first assistant physician, St. Lawrence State Hospital, April 21.

Biglan, Dr. Albert M., first assistant physician, Central Islip State Hospital, May 18.

Bush, Dr. Ralph B., dentist, Rockland State Hospital, April 21.

Coppersmith, Dr. Harold S., medical interne, Central Islip State Hospital, April 8.

De Baun, Dr. Charles W., medical interne, Letchworth Village, May 19.

Deutsch, Dr. Albert L., medical interne, Brooklyn State Hospital, February 2.

Etling, Dr. George F., senior assistant physician, Rockland State Hospital, May 18.

Gildea, Dr. Alfred R., senior assistant physician, Central Islip State Hospital, June 26.

Graffeo, Dr. Anthony J., medical interne, Creedmoor State Hospital, May 27.

Herold, Dr. Ross E., first assistant physician, Central Islip State Hospital, February 16.

Katz, Dr. Morris, dental interne, Hudson River State Hospital, June 27.

Kilpatrick, Dr. O. A., director of clinical psychiatry, Willard State Hospital, May 31.

Legant, Dr. Omar, medical interne, Central Islip State Hospital, May 1.

March, Dr. Thomas, senior assistant physician, Harlem Valley State Hospital, June 9.

McGowan, Dr. John E., senior assistant physician, Rockland State Hospital, May 12.

Mendelson, Dr. Michael, assistant physician, Binghamton State Hospital, January 19.

Mondelli, Dr. Mario A. J., medical interne, Pilgrim State Hospital, May 28.

Mosco, Dr. James A., assistant physician, Buffalo State Hospital, June 13.

Nelson, Dr. Lloyd J., assistant physician, Creedmoor State Hospital, May 16.

O'Neill, Dr. Francis J., pathologist, Binghamton State Hospital, December 26, 1941.

Schnap, Dr. Isidor, senior assistant physician, Kings Park State Hospital, May 17.

Schwartz, Dr. Arthur G., assistant physician, Rome State School, May 15.

Seonzo, Dr. Joseph James, medical interne, Central Islip State Hospital, June 15.

Steen, Dr. Reginald R., first assistant physician, Kings Park State Hospital, April 6.

Strutton, Dr. William R., pathologist, Rockland State Hospital, May 21.

Taylor, Dr. Charles W., assistant physician, Kings Park State Hospital, March 1.

Thompson, Dr. Walter A., senior assistant physician, Rockland State Hospital, June 1.

Vaughan, Dr. Roland G., senior assistant physician, Pilgrim State Hospital, April 11.

Wagner, Dr. Robert F., medical interne, Kings Park State Hospital, February 2.

Wander, Dr. Maurice C., senior assistant physician, Kings Park State Hospital, June 12.

Watkins, Dr. Charles, medical interne, St. Lawrence State Hospital, March 29.

Weiss, Dr. Bernard, medical interne, Hudson River State Hospital, January 20.

Wise, Dr. Robert A., senior assistant physician, Rochester State Hospital, June 14.

TRANSFERS

Pathologist

Derby, Dr. Irving M., pathologist, Brooklyn State Hospital, to pathologist, Newark State School, June 1.

Senior Assistant Physician

Schein, Dr. Gabriel, senior assistant physician, from Marey State Hospital to Pilgrim State Hospital, March 5.

Medical Interne

Berardelli, Dr. Dandolo, medical interne, from Syracuse State School, to Creedmoor State Hospital, June 30.

Howard, Dr. Rhoda, medical interne, from Willard State Hospital, to Binghamton State Hospital, February 28.

RESIGNATIONS

Director of Clinical Psychiatry

Tallman, Dr. Frank F., director of clinical psychiatry, Rockland State Hospital, May 31.

Senior Assistant Physician

Howard, Dr. Clifford E., senior assistant physician, Binghamton State Hospital, April 15.

Schatner, Dr. Marcus, senior assistant physician, Central Islip State Hospital, March 28.

Assistant Physician

Manno, Dr. Joseph A., assistant physician, Brooklyn State Hospital, February 27.

Pearce, Dr. Marvin G., assistant physician, Pilgrim State Hospital, February 28.

Reddick, Dr. Robert H., assistant physician, Gowanda State Homeopathic Hospital, May 12.

Ward, Dr. Gladys, assistant physician, Hudson River State Hospital, June 1.

Medical Interne

Ames, Dr. William, medical interne, Harlem Valley State Hospital, January 22.

Bentley, Dr. John, medical interne, Harlem Valley State Hospital, January 8.

Bonime, Dr. Walter R., medical interne, Central Islip State Hospital, February 7.

Brown, Dr. Josephine, medical interne, Central Islip State Hospital, April 26.

Bullard, Dr. John B., medical interne, Pilgrim State Hospital, March 10.

Cancellieri, Dr. Carmelo P., medical interne, Central Islip State Hospital, January 14.

Coreoran, Dr. David B., medical interne, Central Islip State Hospital, April 30.

Coreoran, Dr. William R., medical interne, Binghamton State Hospital, February 25 (while on military leave) to accept regular army commission.

Kahn, Dr. Edward, medical interne, Binghamton State Hospital, February 23.

Rudin, Dr. David, medical interne, Pilgrim State Hospital, February 3.

Staciva, Dr. Stanley J., medical interne, Central Islip State Hospital, March 26.

Sumner, Dr. John W., Jr., medical interne, Central Islip State Hospital, January 15.

Tytco, Dr. Michael J., medical interne, Brooklyn State Hospital, May 31.

Walker, Dr. Thomas, medical interne, Harlem Valley State Hospital, January 5.

Wright, Dr. Kenneth B., medical interne, Central Islip State Hospital, January 15.

Psychiatric Internes

Berthelsdorf, Dr. Siegfried, psychiatric interne, Psychiatric Institute and Hospital, June 30.

Eisenstein, Dr. Victor, psychiatric interne, Psychiatric Institute and Hospital, June 30.

Ingham, Dr. Harrington V., psychiatric interne, Psychiatric Institute and Hospital, June 30.

Jacobs, Dr. Louis, psychiatric interne, Psychiatric Institute and Hospital, June 30.

Kasin, Dr. Edwin, psychiatric interne, Psychiatric Institute and Hospital, June 30.

Moulton, Dr. Ruth, psychiatric interne, Psychiatric Institute and Hospital, June 30.

Taylor, Dr. Reginald M., psychiatric interne, Psychiatric Institute and Hospital, June 30.

Senior Research Dentist

Marcus, Dr. Victor, senior research dentist, Psychiatric Institute and Hospital (temporary), January 15.

Dental Interne

Jagard, Dr. Walter J., dental interne, Rockland State Hospital, May 4.

DEATHS

Baumgartner, Dr. Edwin A., pathologist, Newark State School, March 15.

Bernstein, Dr. Charles, superintendent, Rome State School, June 13.

Garvin, Dr. William C., superintendent, Binghamton State Hospital, April 3.

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Hart, Eleanor T.: A transition. *Ment. Hyg. News*, April, 1942.

Gallant, M. Doris: A spastic child in foster home care. *Ment. Hyg. News*, January, 1942.

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ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

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BINGHAMTON

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- Hurdum, Herman M.: Psychiatric problems in relation to the war. Before Broome County Medical Society, Binghamton City Hospital, May 15.
- Elliott, Helen E.: The child and civilian defense. Before parent-teacher association, New Milford, Pa., January 20.
- The flexible forties. Before Wednesday Luncheon Club, Y. W. C. A., Binghamton, January 21.
- Your health and civilian defense. Before Professional Women's Club, Y. W. C. A., April 29.
- Youth in the world today. Before Girl Reserve annual meeting, Y. W. C. A., Binghamton, May 1.

BROOKLYN

- Bellinger, Clarence H.: Care and treatment of the mentally ill in New York State. Before Lions Club, Hotel Bossert, Brooklyn, January 13.
- Discussion of paper of Dr. Harry J. Worthing on shock therapy, at meeting of the American Psychiatric Association, Boston, May 21.
- Recent trends in the care of mental patients. Paper read before the New York State Association of Occupational Therapists, Brooklyn State Hospital, May 23.
- Riemer, Morris D.: Address. Before Lancet pre-medical society, Long Island University, February 28.
- Sustaining mental health. Before parent-teacher association, P. S. 203, March 10.
- Lecture and clinical demonstration. To a class in social psychology from Brooklyn College, May 2.

Bianchi, John A.: Mother and son complex. Before Hebrew Institute, Boro Park, Brooklyn, January 20.

Shock therapy. Before medical staff of Israel Zion Hospital, February 19.

Nelson, Julius L.: Lecture and clinical demonstration. To a group from Teachers College, sponsored by Reconciliation Trips, February 28.

Shock therapy. Before medical staff of Israel Zion Hospital, February 19.

Brody, Matthew: Lecture. Before a group of nurses from Presbyterian Hospital and Neurological Institute, January 9.

Zimmerman, Joseph K.: Clinical demonstration of the various psychoses. To a class in abnormal psychology from Brooklyn College, August 20, 1941.

Art as a new approach in psychiatry. Before a group of WPA artists, November 10, 1941.

Art as a diagnostic aid in psychiatry. Paper read at meeting of the Psychiatric Society of the Metropolitan State Hospitals, Brooklyn State Hospital, January 9.

Clinical demonstration on organic psychoses. To students from the psychology department of Brooklyn College, January 24.

Causes and prevention of mental illness. Before meeting of Workmen's Circle, New York, February 3.

Clinical demonstration of psychiatric cases. To students from Hunter College, April 7.

Exhibit of art productions of adult psychotics. At the meeting of the American Psychiatric Association, Boston, May 18 to 22.

Van Bark, Bella S.: Child morale in the war. Before a meeting of a branch of Medical Aid to the Allies, Manhattan Beach, February 7.

The over-protective mother. Before parent-teacher association, P. S. 92, March 16.

Child psychology—stressing parent-child relationships. Before parent-teacher association, P. S. 233, March 16.

Parent-child relationship. Before parent-teacher association, P. S. 239, April 21.

BUFFALO

- Faver, Harry E.: Function and purpose of occupational therapy. Western New York Occupational Therapy Association, Buffalo, February 3.
- Mental health of children. Before parent-teacher associations, Goundry School, N. Tonawanda, March 10; John E. Pound School, Lockport, April 17.
- War and mental health. Before Zonta Club, Lockport, March 17.
- Mental hygiene and propaganda. Before Boys' Club, Temple Emanuel, Buffalo, March 29.
- War news. Address at North Park Presbyterian Church, Buffalo, April 21.
- Morale and mental health. Before Institution of New York State Conference on Social Work, Batavia, May 1; Olean, May 25.
- Keeping sane in war time. Before Jewish Liberal Arts Club, Buffalo, June 1.
- Mental hygiene of childhood in war time. Before Williamsville Civil Defense Committee, June 16.
- Yost, Murray A.: Psychiatry in war. Before Buffalo Optimists' Club, February 11.
- Mental hygiene in adolescence. Before Temple Beth El College Group, March 8.
- Morale and the war. Before Kiwanis Club, Buffalo, March 12.
- Civilian morale and psychiatry. Before Nurses' War Council for Civilian Defense, N. Tonawanda, June 4.
- Riedel, Iona B.: Nursing in mental hospitals. Before Masten-Fosdick High School, Buffalo, March 12. Tour of hospital March 6, in connection with nurse recruiting program.
- Pratt, Theresa E.: Occupational therapy in mental hospitals. Before Kenmore Y. W. C. A., May 25.

CENTRAL ISLIP

- Trygstad, Reidar: Modern aspects of Bright's Disease. Paper read at Long Island Psychiatric Society meeting, Central Islip State Hospital, January 20.
- Otchin, Charles: Child guidance. Before Mothers' Club, West Sayville, March 10.

Instructor at study group on morale and mental hygiene, in connection with the region conference on social work, Counties of Nassau and Suffolk, of the New York State Conference on Social Work, Central Islip State Hospital, April 6.

Lecture and demonstration. At refresher course for psychiatric social workers, Central Islip State Hospital, June 27.

Haller, Betty Lou: Social work with patients diagnosed psychosis with psychopathic personality, who have been paroled from State hospitals. Paper read at annual institute for chief occupational therapists of New York State, Psychiatric Institute, New York, April 29.

CREEDMOOR

Buckman, Charles: Lecture and demonstration of 18 psychiatric and neurological cases. To a group of about 50 student nurses from Mary Immaculate Hospital, Jamaica, April 16.

Bennett, Jesse L.: Factors of the civilian mental attitude. Before Young Peoples Group, Good Citizenship League Hall, Flushing, February 1.

Hall, Robert J.: Civilian morale. Before a group of air raid wardens, including 90 chief air raid wardens, 103d Police Precinct, Jamaica, May 11.

Savitt, Robert A.: Mental hygiene facilities in Queens County. Before the mental hygiene committee of Queensboro Council for Social Welfare, January 17.

The psychological aspects of the management of civilian population before and during air raids. Before air raid wardens, Precinct 110, March 11. Before air raid wardens, Precinct 111, June 17.

The rôle of the recovered psychiatric patient in the war effort. Before the Long Island Psychiatric Association, April 21.

Schwartz, Jerome H.: Lecture and demonstration of 18 psychiatric and neurological cases. To about 50 student nurses of Mary Immaculate Hospital, April 16.

Lehrman, Samuel R.: Survey of diagnosis and treatment in psychiatry. Before Forum Club, Free Synagogue, Flushing, January 27.

GOWANDA

Gray, E. V.: Mental hygiene in time of war. Before Men's Club, Congregational Church, Angola, February 24.

Mental illness. Before Dunkirk Social Service League, April 16.

Mudge, E. H.: Recent trends in psychiatry. Before Jamestown Medical Club, Hotel Jamestown, March 26.

Bohn, R. W.: What psychiatry offers the individual and the community. Before Inter-church Youth Rally, Gowanda, February 22.

Problems of adolescence. Before Social Service League, Dunkirk, March 5.

Delinquency, its cause and prevention. Address at Dunkirk, March 19.

Marritt, H. D.: Mental hygiene. Before Women's Auxiliary, Cattaraugus County Medical Society, at hospital, April 13.

Tomlinson, P. J.: Infancy and the preschool child. Before Social Service League, Dunkirk, February 5. The school child, February 19.

Mental hygiene, a defense. Before parent-teacher association, Bemus Point, March 5.

Mental hygiene. Before senior class, Salamanca High School, March 25.

As a child develops emotionally. Before American Association of University Women, Dunkirk, May 27.

Kent, Emma M.: Clinic at the hospital. For class in psychiatry, University of Buffalo.

Ozarin, Lucy D.: Right attitudes toward mental hygiene. Before parent-teacher association, Salamanca, March 17.

Decker, Jessie M.: Mental hygiene of childhood. Before Mothers' Club, School No. 1, Dunkirk, March 18.

HARLEM VALLEY

LaBurt, H. A.: Morale and mental health. Before study group at the Regional Conference of the New York State Conference on Social Work, Lake Mahopae, June 8.

HUDSON RIVER

Ross, John R.: The mentally sick and their problems. Before St. Paul's Men's Club, Poughkeepsie, February 4.

- Kelleher, James P.: Tumor of cerebellopontine angle—Dr. Byron Stookey. Discussion at symposium of International College of Surgeons, Hudson Valley Surgical Guild, St. Francis Hospital, Poughkeepsie, December 4, 1941.
- Purchase of defense bonds and stamps. Radio talk, WKIP, February 17.
- Mental hygiene—Its place in the social studies program in high schools. Before students of Roosevelt High School, February 20.
- Mental hygiene. Before Men's Brotherhood, First Baptist Church, Poughkeepsie, March 16. Before Dutchess-Putnam Dental Association, Nelson House, Poughkeepsie, May 19.
- Notkin, John Y: Instruction in clinical neurology. To matriculates New York Post-Graduate Medical School, Columbia University.
- Wolfson, Isaac N.: Treatment and care of mentally ill. Before Triangle Service Club, Y. M. C. A., Poughkeepsie, February 5.
- Mental illnesses. Before New Paltz Study Club, New Paltz, March 24.
- Mental illness in the present war emergency. Before Dutch Arms Men's Club, Reformed Church, Poughkeepsie, April 16.
- Wolfson, Leo: Clinical lectures. To class in abnormal psychology, Bard College, April 9 and 30.
- Cases of *Folie à Deux*. Paper read before Dutchess County Psychiatric Society, Hudson River State Hospital, April 16.
- Lewis, C. Vaughn: General methods of treatment. Clinical demonstrations to a group of students from Vassar College, January 19.
- Kohler, Margaret J.: Mental hygiene. Before Hudson Falls High School. The place of the mental hospital in the community. Before Rotary Club, Hudson Falls.
- Forum on mental hygiene problems of teachers. Before the faculties of the entire school system of Hudson Falls, Fort Ann and the rural areas, March 2.

KINGS PARK

- Bernstein, Nathan K.: A series of lectures on first aid. To teachers and nurses in Kings Park Village, Kings Park High School.
- Barahal, Hyman S.: Function of the child guidance clinic. Before Kings Park parent-teacher association, Kings Park High School, January 2.
- The reciprocal relationship between body and mind. Before seminar on mental hygiene, Nassau County public health nurses, at Mineola, January 28.

Shuffleton, Joseph H.: Introductory remarks relative to mental abnormalities and problems confronting public health nurses in the communities. Before Nassau County Public Health Council, Mineola, January 28.

Wolberg, Louis R.: A psychoanalytic approach to character problems in the adolescent. Before seminar on mental hygiene, Nassau County public health nurses, at Mineola, January 28.

Chenoweth, Pearl: The mental hygiene approach. Before seminar on mental hygiene, Nassau County public health nurses, Mineola, January 28.

Milici, Pompeo: Psychology of the stupor reaction. Before graduate nurses, Macy Home, Kings Park State Hospital, February 3.

Anderson, Lloyd: Mixed bomber loads. Before Nurses' Alumni Association, Macy Home, Kings Park State Hospital, April 7.

Vink, Gertrude: Occupational therapy. Before Lions Club, Smithtown, May 19.

Bonnyman, Johanna F.: What nursing has to offer and what preparation you should have to enter this field. Before students and teachers, Kings Park High School, May 22.

MANHATTAN

Phillips, Arthur M.: Course for second-year medical students, Cornell University, from January through March.

Loneragan, Michael P.: Course at Fordham School of Social Service from February through April.

Course for fourth-year students of Cornell University Medical School from February through April.

Bloomfield, Maxwell I.: Lecture to 35 students of the Social Service Society of Brooklyn College, January 20.

Harlow, Ralph R.: Lecture to a group of 12 nurses from the New York State Psychiatric Institute and Hospital, March 24.

Course for fourth-year students of Cornell University Medical School from February through April.

Allen, Benjamin L.: Lecture. To a group of 40 students from Hunter College, department of advanced psychology, March 28.

Frumkes, George: Lecture to a group of 35 students from Columbia University, April 30.

Gioscia, Nicolai: Lectures. To a group of 35 students from New York University, department of psychology, January 28. To a group of 50 students from the College of the City of New York, April 30.

MARCY

Bisgrove, Sidney W.: Musical therapy in a State hospital. Before Etude Club, Utica, March 4.

Black, Neil D.: Personality and its development. Before parent-teacher association, Kemble School, Utica, March 10.

Hutchings, Charles W.: The need of mental hygiene in elementary schools. Before faculty of Oswego Normal School, February 16.

Tour of the hospital and clinic. For two groups of students from Green Mountain Junior College, Poultney, Vt., April 14 and 28.

Howard, John A.: Adolescence. Before home nursing group of Glens Falls chapter, American Red Cross, June 10.

Gronlund, Anna A.: Recognition of mental and physical symptoms of children by a non-psychiatric worker. Before Department of Social Welfare, Herkimer County Court House, Herkimer, March 28.

Dodds, Harold H.: Encephalography. Before annual meeting of the Rome Hospital staff, Elks Club, Rome, January 20. Before Madison County Medical Society, Hotel Oneida, Oneida, April 16.

Herniation of the nucleus pulposus. Talk at St. Luke's Hospital, Utica, May 7.

Plante, Lena A.: The meaning, the need and the use of mental hygiene. Before Whitesboro Civic Club, February 19.

MIDDLETOWN

Schmitz, Walter A.: Sidelights on Russia and its place in the world conflict. Before Masons, Middletown, March 23.

The hospital and its work. Before Rotary Club luncheon, Monticello, April 28.

Merkley, Wilbur: Showed motion picture films of the State hospital. Kiwanis Club luncheon, Middletown, February 11.

Osborne, Maysie T.: The use of family care as a treatment procedure with the mentally ill. Before National Conference of Social Work, New Orleans, during week of May 11.

PILGRIM

Arieti, Silvano: The vascularization of cerebral neoplasms studied with the Fuschin stain. Before annual meeting American Association of Neuropathologists, Chicago, June 4.

Barwise, Constance M.: Development of the personality of a child. Before parents club, Holy Redeemer School, Freeport, January 5.

Factors in the mental development of the child. Before parent-teacher association, Ronkonkoma, March 11.

Syndromes of maladjustment. Before the Suffolk County School Nurses' Association, Sayville, March 31.

How to get along with people. Before the annual conference of Suffolk County Negro Women's Clubs, Amityville, April 9.

Marriage relationships. Before Junior Blue Triangle, Babylon, April 27.

Bigelow, Newton J. T.: The administrative organization of a State hospital shock treatment unit. (With Worthing, Harry, Brill, Henry, and Binzley, Richard.) Before American Psychiatric Association annual meeting, Boston, May 21.

Practical psychology. Before the men's section, District No. 14, New York State Nurses' Association annual dinner, South Huntington.

Binzley, Richard F.: The administrative organization of a State hospital shock treatment unit. (With Worthing, Harry, Brill, Henry, and Bigelow, Newton J. T.) Before American Psychiatric Association annual meeting, Boston, May 21.

Brill, Henry: The administrative organization of a State hospital shock treatment unit. (With Worthing, Harry, Bigelow, Newton J. T., and Binzley, Richard F.) Before American Psychiatric Association annual meeting, Boston, May 21.

Brussel, James A.: Congenital mental deficiency. Clinical presentation and lecture, Fort Dix Station Hospital, February 5.

Military neurology. Clinical demonstration and lecture, Fort Dix Station Hospital, May 14.

Orientation on the war. Six lectures during the winter and spring, 1941-42, Red Cross Auditorium, to medical officers, nurses, and enlisted personnel, at Fort Dix.

Military psychiatry. Before the New Jersey Neuropsychiatric Society, Academy of Medicine, Newark, April 15.

Fact, functional or fake. Before annual convention of the New Jersey State Medical Society, Atlantic City, April 23.

Discussion (by invitation) of Dr. Wilfred Bloomberg's paper, "A survey of neuropsychiatric work at the Boston Induction Station," at annual convention of the American Psychiatric Association, Boston, May 18.

The problem of the psychopath in the military service. Address U. S. O. Building, Pointville, N. J., June 10, 1942 to representatives of the national and New Jersey social agencies.

Gendel, Edward: Headache, migraine and gait in neurological disorders. Lecture and clinical demonstration at Metropolitan Hospital, for medical students of Flower-Fifth Avenue Hospital, February 20.

Gordon, Hirsch L.: The auditory hallucinations of Joseph Karo. Before the Ivrrth Medical Society, New York City, February 7.

Mental health. Before the Educational Alliance, New York City, March 1.

Kalinowsky, Lothar B.: Convulsions in nonepileptics as withdrawal symptoms from barbiturates, alcohol and other drugs. Before annual meeting of American Psychiatric Association, Boston, May 18.

Electric convulsion therapy in schizophrenia. (With Worthing, Harry J.) Before annual meeting of the American Psychiatric Association in Boston, May 21.

Worthing, Harry J.: The administrative organization of a State hospital shock treatment unit. (With Bigelow, Newton J. T., Brill, Henry, and Binzley, Richard F.) Before the American Psychiatric Association annual meeting, Boston, May 21.

Electric convulsion therapy in schizophrenia. (With Kalinowsky, Lothar B.) Before annual meeting of American Psychiatric Association, Boston, May 21.

Memorial Day, what is it? Address at Memorial Day exercises, Brentwood, May 30.

Wright, Harold S.: The preschool child. Before parent-teacher association, Amityville, April 15.

ROCHESTER

Van De Mark, John L.: Psychiatry and the war. Before Couples' Club, Brick Church, April 16.

Slaght, Kenneth K.: Course in clinical psychiatry. At University of Rochester Medical School, January 6 to May 26.

Psychiatry and the selective service. Before Monroe County draft board workers, Chamber of Commerce, June 3.

English, Wm. H.: The civilian morale in war time. Before Women's Home Bureau, Lutheran Emanuel Church, May 13.

The form and function of the nervous system. Before groups of theological students, June 17.

Pollack, Benjamin, Lecture clinic. To 150 psychology students from University of Rochester, April 15.

What happens to people under stress and strain of war? Before volunteer workers of the civilian defense program, April 22.

Ward occupation therapy for chronic patients. Round table conference, American Psychiatric Association meeting, Boston, May 20.

Discussion of paper on treatment of involuntional states with estrogens. At American Psychiatric Association meeting, Boston, May 21.

Lemmle, Malwina T.: Mental hygiene and the mature nurse. Refresher lecture, Highland Hospital, Rochester, January 29.

The psychology of illness. Before Monroe County nurses, March 25.

Emotional factors involved in nursing. Before refresher group II, Highland Hospital, April 15.

Current care and mental illness in a democratic state. Before psychology and education students, Lake Erie College, Painesville, Ohio, May 2.

Complete teaching standard course American Red Cross first aid. To members of Zonta Club, March to April.

ROCKLAND

Carp, Louis A.: (Member of the Board of Visitors): Gas warfare. Before coordinators and other civilian defense workers of Rockland County, Rockland State Hospital, January 8.

Surgical abdominal emergencies. Radio address over WNYC, January 15.

Surgery in gall-bladder diseases. Radio address over WNYC, May 7.

- Stanley, A. N.: Lecture tour of the hospital. To sociology class of the Missionary Training Institute of Nyack, May 5.
- Miller, Joseph S. A.: History of psychology and psychopathology. Series of lectures before the staff.
- Psychology, morale and the war situation. Lecture before the Nurses' Club, March 4.
- Sustaining mental health—The home, school and community responsibilities. Before parent-teacher association of Stony Point, March 10.
- General and psychological aspects of trauma in the functional psychoses. Paper presented before the Psychiatric Society of the Metropolitan State Hospitals, April 24.
- Morale and mental health. General discussion at a two-day institute under auspices of New York State Conference on Social Work at Nyack, April 14.
- Functional and organic psychoses. Clinical discussion and demonstration for Paterson State Teachers' College, May 13.
- Munn, Charlotte: Understanding ourselves. Before the Cornell University Women's Club, Closter, N. J., March 11.
- Thompson, Walter A.: Psychological problems arising in children due to the national emergency. Before parent-teacher association, Garnerville, January 24.
- Subconvulsive electroshock treatment of the psychoses. Paper presented before annual meeting of the American Psychiatric Association, Boston, May 19.
- Kleiman, Charles: Character and personality formation. Before the Daughters of Jacob, Haverstraw, January 19.
- Occupational therapy in chronically aggressive, destructive patients. Paper presented before annual institute of occupational therapy, psychiatric Institute, New York, April 28.
- Clardy, Ed Rucker: Electroencephalography and its use in medical practice. Before staff of the Good Samaritan Hospital at the Villa Lafayette, Spring Valley, January 20.
- The description of Rockland State Hospital and résumé of mental disorders, including classification and treatment. Before Bergen College psychology students, February 11.

Schizophrenic-like reactions in children; Studies by electroencephalography, pneumoencephalography, and psychological tests. (With Goldensohn, Leon N., and Levine, Kate N.) Paper presented before the meeting of the Psychiatric Society of the Metropolitan State Hospitals, April 24.

Roose, Lawrence J.: Child morale in wartime. Before the Monsey parent-teacher association, January 20.

Kaplan, Alex Hillier: Mental hygiene and the school. Before Central School District No. 1, Suffern, April 27.

Salan, Irving: The working mechanism of the State institution. Lecture and demonstration for the psychiatry class of Dr. Stephen P. Jewett of New York, May 15.

Zaphiropoulos, Miltiades: Present status of shock therapy in mental disease. Before French Speaking Medical Society of New York, Hotel Pennsylvania, New York, April 21.

ST. LAWRENCE

Pritchard, John A.: Talk on training school problems. To members at a joint meeting of the Linda Richards League of Nursing Education, Nurses' Home, May 26.

Feinstein, Samuel: Mental hygiene for children during war. Before parent-teacher association, Academy Street School, Watertown, April 20.

UTICA

Helmer, Ross D.: Sustaining mental health for the child. Before parent-teacher association, Central School, Van Hornesville, March 26.

Warner, George L.: Address and clinical demonstration of typical mental disorders. To students in psychology from Colgate University, Hamilton, April 7; to students from Union College, Schenectady, and from Skidmore College, Saratoga Springs, April 15.

Gosline, Anna J.: Mental hygiene. Refresher course for graduate nurses, Mohawk Valley League of Nursing Education, Utica, March 25.

Mental health and love life. Before Syracuse and Utica Y. M. C. A. and Y. W. C. A. representatives (Hi-Y), Utica, April 10.

Hygiene of menses and "social" diseases. Before industrial department, Y. W. C. A., Utica, April 30 and May 14.

McKendree, Oswald J.: The function of the State hospital for nervous and mental diseases. Before Men's Club of the Holy Cross Episcopal Church, Utica, January 13.

The relationship of the school and home to the mental hygiene of childhood. Before parent-teacher association of Washington School, Utica, January 15.

Relationship of the State hospital to the community. Before members of the Utica Branch of the National Youth Administration, Utica, March 24.

Psychiatric hospitals and the nursing profession. Before Herkimer County Nurses' Association, Herkimer Memorial Hospital, Herkimer, April 15.

Will I have a nervous breakdown? Radio address over WIBX. Sponsored by Oneida County Medical Society, Utica, June 8.

Bink, Edward N.: Causes of psychoses and modern methods of treatment. Before Lions Club of Utica, Hotel Utica, February 2.

Charles, Catherine: Mental hygiene. Before parent-teacher association, McCleary School, Amsterdam, May 12.

Alberts, Dorothy H.: Keeping the child mentally fit. Before parent-teacher association, Smith Street School, Ballston Spa, January 26.

WILLARD

Pamphilon, Walter M.: Class in first aid. At Ovid Central School, January 5 to March 30.

Emergency medical service and nursing activities in Seneca County. Before Seneca County Branch of the New York State Nurses' Association at Romulus Central School, March 12.

Emergency medical service in Seneca County. Before county defense meeting, Lodi, March 13. Before Rotary Club, Seneca Falls, March 17.

Kilpatrick, O. Arnold: The etiology of maladjustment. Before class in abnormal psychology, Hobart College, January 21.

Lecture and clinical demonstration to class in abnormal psychology, William Smith College, Geneva, January 28.

Lecture and clinical demonstration to public health nurses, Geneva area, January 30.

Civilian morale. Before Circle Club, Congregationalist Church, Canandaigua, February 2.

Clinical demonstration. To class in abnormal psychology, William Smith College, February 6.

Institute in mental hygiene. For group of public health nurses in Elmira District, February 14.

Lecture and clinical demonstration. To class in abnormal psychology, Alfred University, April 24.

Lecture and clinical demonstration. To class in abnormal psychology, Wells College, April 27.

Lecture and clinical demonstration. To class in sociology, Elmira College, April 30.

Discussion. Before study group, New York State Conference on Social Work, Batavia, May 1.

Morale and mental health. Before study group, New York State Regional Conference on Social Work, Avon, May 6.

Palmer, L. Secord: Tour of the hospital and methods of admission. To class in abnormal psychology. William Smith College, Geneva.

Walters, Guy M.: First aid course at Ovid, February 6 to June 11.

Strong, Willis A.: Lecture and clinical demonstration. To public health nurses, Geneva area, January 30.

Mental health. Address to parent-teacher group, Interlaken, February 9.

Vallee, Clarence A.: First aid course at Ovid, March 16 to June 16.

Raffaele, Angelo J.: First aid course at Ovid, January and February.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Arieti, S.: The vascularization of cerebral neoplasms studied with the Fuchsin stain. Before annual meeting of American Association of Neuropathologists, Chicago, June 4.

Eros, G.: Studies on the histogenesis of cerebral arteriosclerosis. (With Ferraro, A.) Before meeting of American Association of Neuropathologists, Chicago, June 4.

Ferraro, A.: Significance of cerebral structural changes in cases clinically diagnosed dementia præcox. Before meeting of American Association of Neuropathologists, Chicago, June 4.

Lectures: Two on anatomy, physiology and pathology of the extrapyramidal system; one on the effects on the nervous system of various types of vitamin deficiencies. At the Post-Graduate School of Medicine.

Harris, Meyer M.: Participant in symposium on the menopause. Before meeting of the Ocean Medical Society of Brooklyn, January, 1942.

Hinsie, L. E.: Psychoanalytic aspects of shock therapy in schizophrenia. Before annual meeting of the American Psychiatric Association, Boston, May.

Discussion of Dr. John L. Smalldon's paper "Mental Cachexia." At combined meeting of the New York Neurological Society and Section of Neurology and Psychiatry of the New York Academy of Medicine, May 5.

Discussion at the Journal Club. Post-Graduate Hospital, New York City, March 13.

Psychiatric seminar to residents. Twice weekly. April 15 to July 1.

Seminar. Three sessions, on psychotherapy. Fifteenth Annual Institute of Chief Occupational Therapists. Psychiatric Institute, April 27, 28 and 29.

Course of seven lectures to third year students. College of Physicians and Surgeons, Columbia University.

Course of 10 lectures to fourth-year students, College of Physicians and Surgeons, Columbia University.

Landis, C.: Physical and mental factors in sex development and adjustment. Boston Obstetrical Society, Boston, March 17.

Discrimination of color and form at levels of illumination below conscious awareness. Boston, April 4.

Factors in personality development and adjustment. Queens College, Flushing, April 14.

Lewis, N. D. C.: Mental hygiene of the senium. Before Torch Club, Utica, February 16.

Psychiatry. Series of weekly lectures to students of New York School of Social Work, at New York Psychiatric Institute and Hospital, April 4 through June 20.

Psychiatry and the law. Before the 586th regular meeting of the Society of Medical Jurisprudence, New York Academy of Medicine, May 11.

354 ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

Roizin, L.: Histopathological findings in a case of myoclonus epilepsy. Before annual meeting of American Association of Neuropathologists, Chicago, June 4.

Zubin, J.: The quantitative treatment of categorized data on social conformity and other bi-polar traits. Before Eastern Psychology Association, Providence, April 17.

The effect of electroshock therapy on memory. Before Psychiatric Association, Metropolitan State Hospitals, Orangeburg, April 24.

SYRACUSE PSYCHOPATHIC

Steckel, Harry A.: Tactics for fostering and sustaining morale. Before conference of local association executives and State committee staff of the State Committee on Tuberculosis and Public Health, Syracuse, January 24.

Psychiatry in national defense. Before Hospital and Recreation Corps (Gray Ladies), American Red Cross, Syracuse, January 30.

Psychiatry's contribution to the war effort. Before Sunday Night Forum Group, March 1.

Mental hygiene and civilian morale. Before parent-teacher club, Eastwood School, March 3.

Civilian morale. Before Huntington Club, March 25.

Faulty psychiatric screening. A case record presentation before the Thursday Night (Medical) Club, April 2.

Psychiatric first aid. Talk before medical R. O. T. C. groups at College of Medicine, April 20.

War as an opportunity for occupational therapy. Paper read before the annual institute for occupational therapists, New York, April 27.

Mental hygiene in war time. Address before the annual meeting of the Monroe County Mental Hygiene Society, Rochester, May 7.

The teachers rôle in civilian morale. Address before the grade school teachers of Syracuse, May 26.

Davidoff, Eugene: Mental hygiene. Before student nurses at Syracuse Memorial Hospital, January 10, February 10, March 13, April 23.

The mental hygiene of adolescence. Before parent-teacher group, Roosevelt School, January 13.

- Emotional problems with special reference to national defense. Before Business and Professional Women's Club, Hotel Syracuse, February 2.
- Psychiatry. Before Hospital and Recreation Corps (Gray Ladies), American Red Cross, Syracuse, February 24.
- Mental hygiene aspects of morale. Before Red Cross Club Volunteers, Y. W. C. A., February 25.
- Juvenile delinquency. Before faculty of Croton School, February 25.
- Mental health. Before parent-teacher group of the Split Rock High School, March 10.
- Morale and mental health. Before New York State Conference on Social Work, Herkimer, June 1, and Watertown, June 3.
- Nicoll, Frances: Occupational therapy. Before Hospital and Recreation Corps (Gray Ladies), American Red Cross, January 30.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

- Abel, Theodora M.: Dominant behavior of institutionalized subnormal negro girls. Before annual meeting of Eastern Psychological Association, Boston, April 18.
- Humphreys, Edward J.: Series of two lectures on The problems of growing up. Haverstraw High School, class in health. How some human beings fail to grow up, January 9. We are a part of the great plan of growing up in the world, January 16.
- The relation of psychology to the Christian message. Before annual conference of Trenton Division of the New Jersey Baptist Ministerium, Lambertsville, N. J., April 20.
- Formal discussion of the paper on schizophrenic-like reactions in children, by Leon N. Goldensohn, E. R. Clardy, and Miss Kate Levine, at the Psychiatric Society of the Metropolitan State Hospitals, Rockland State Hospital, April 24.
- Occupational therapy in relation to the ambulatory insulin treatment of psychotic and psychopathic mental defectives. Before annual institute of chief occupational therapists, New York State Department of Mental Hygiene, Psychiatric Institute and Hospital, New York, April 28.
- Growing up in a world at war. Before students at Hunter College, New York, April 28.

- Ambulatory insulin and adjunctive institutional treatment of mental defectives with psychiatric disorders. (With Vassaf, Etem, Menzel, Mrs. Arthur, and Howe, Suzanne.) Before annual meeting of American Association on Mental Deficiency, Boston, May 15.
- Member, panel discussion—Section on mental deficiency—Conference on the education of the exceptional in the emergency, Teachers College, Columbia University, New York, June 18 to 20.
- Jervis, George A.: Mental deficiency associated with urinary excretion of phenylpyruvic acid. Before Dutchess County Psychiatric Society, March 19.
- Mongolism in twins. Before the sixty-sixth annual meeting of the American Association on Mental Deficiency, Boston, May 13.
- Kinder, Elaine F.: A study of relationships between performance on eight non-language tests and ratings of needlework ability of subnormal girls. (With Fruchtbaum, Vivian.) Before annual meeting of Eastern Psychological Association, Boston, April.
- Criteria for the classification of individuals within the high grade moron and borderline groups. (With Humphreys, Edward J.) Before annual meeting of the American Association on Mental Deficiency, Boston, May 14.
- Lathrop, Bennett M.: Seasonal variations in the incidence of dental caries. Before annual meeting of the American Association on Mental Deficiency, Boston, May 15.

NEWARK STATE SCHOOL

- Witzel, August E.: Life, liberty and the pursuit of happiness. Before parent-teacher association, Newark, January 27.
- Our morale in the war. Before Lions Club, Newark, January 28.
- Newark State School and the community. Before Wayne County Ministerial Association, Newark, April 27.
- Psychiatric aspects of the war in relation to the civilian population. Before Wayne County Medical Society, Lyons, May 26.
- Hubbell, Hiram G.: Clinical demonstrations with lectures. To class in psychology, University of Rochester, March 4.
- Sirkin, Jacob: War nerves. Before Lyons Club, Lyons, March 10.
- Two interesting cases of hydrocephalus. Before Neuron Club, Newark, April 25.
- A study of speech defects in mental deficiency. (With Lyons, William F.) Before Neuron Club, Newark, April 25.

- Lyons, William F.: A study of speech defects in mental deficiency. (With Sirkin, Jacob.) Before Neuron Club, Newark, April 25.
- Donk, Rose R.: Mental hygiene. Before Wayne County Nurses, Newark, March 17.
- Dileer, Dorothy Pollock: Occupational therapy at the Newark State School. Before Missionary Society, First Baptist Church, Newark, February 15.
- What occupational therapy can do for the mental defective. Read at annual meeting of American Association on Mental Deficiency, Boston, May 14.

WASSAIC STATE SCHOOL

- Wearne, Raymond G.: A study of the first hundred admissions to Wassaic State School in the year 1935. Before annual meeting of American Association on Mental Deficiency, Boston, May 14.
- Pense, Arthur W.: The problem of the male defective delinquent in the State school. Before annual meeting of American Association on Mental Deficiency, Boston, May 14.
- Clinical demonstrations with lectures on mental deficiency. To Harlem Valley State Hospital nurses and affiliates, February 24 and June 2.
- Thomas, B. Edmond: A study of the factors used to make a prognosis of social adjustment. Before annual meeting of American Association on Mental Deficiency, Boston, May 13.
- Red Cross first aid courses. To auxiliary police unit at Wassaic and auxiliary police unit at Amenia.

CRAIG COLONY

- Doolittle, George M.: Clinic. For a group of students from Geneseo and Fredonia State Normal schools, April 18.
- Clinics. For 45 medical students from the Medical School of Buffalo University. Presented by members of the medical staff.

SYRACUSE STATE SCHOOL

- Deren, Dr. S. D.: Nursing the feeble-minded. Before group of nurses, Syracuse Memorial Hospital, February 20.
- Educating and training the moron. Before group of students of Onondaga Valley Academy, Syracuse, March 11.
- Mental hygiene. Before groups of Syracuse University students, April 17 and May 12.

ADMINISTRATIVE OFFICES

BUREAU OF STATISTICS

- Malzberg, Benjamin: Racial distribution of mental defectives in New York State. Before annual meeting of American Association on Mental Deficiency, Boston, May 14.

- Ambulatory insulin and adjunctive institutional treatment of mental defectives with psychiatric disorders. (With Vassaf, Etem, Menzel, Mrs. Arthur, and Howe, Suzanne.) Before annual meeting of American Association on Mental Deficiency, Boston, May 15.
- Member, panel discussion—Section on mental deficiency—Conference on the education of the exceptional in the emergency, Teachers College, Columbia University, New York, June 18 to 20.
- Jervis, George A.: Mental deficiency associated with urinary excretion of phenylpyruvic acid. Before Dutchess County Psychiatric Society, March 19.
- Mongolism in twins. Before the sixty-sixth annual meeting of the American Association on Mental Deficiency, Boston, May 13.
- Kinder, Elaine F.: A study of relationships between performance on eight non-language tests and ratings of needlework ability of subnormal girls. (With Fruchtbaum, Vivian.) Before annual meeting of Eastern Psychological Association, Boston, April.
- Criteria for the classification of individuals within the high grade moron and borderline groups. (With Humphreys, Edward J.) Before annual meeting of the American Association on Mental Deficiency, Boston, May 14.
- Lathrop, Bennett M.: Seasonal variations in the incidence of dental caries. Before annual meeting of the American Association on Mental Deficiency, Boston, May 15.

NEWARK STATE SCHOOL

- Witzel, August E.: Life, liberty and the pursuit of happiness. Before parent-teacher association, Newark, January 27.
- Our morale in the war. Before Lions Club, Newark, January 28.
- Newark State School and the community. Before Wayne County Ministerial Association, Newark, April 27.
- Psychiatric aspects of the war in relation to the civilian population. Before Wayne County Medical Society, Lyons, May 26.
- Hubbell, Hiram G.: Clinical demonstrations with lectures. To class in psychology, University of Rochester, March 4.
- Sirkin, Jacob: War nerves. Before Lyons Club, Lyons, March 10.
- Two interesting cases of hydrocephalus. Before Neuron Club, Newark, April 25.
- A study of speech defects in mental deficiency. (With Lyons, William F.) Before Neuron Club, Newark, April 25.

- Lyons, William F.: A study of speech defects in mental deficiency. (With Sirkin, Jacob.) Before Neuron Club, Newark, April 25.
- Donk, Rose R.: Mental hygiene. Before Wayne County Nurses, Newark, March 17.
- Dileer, Dorothy Pollock: Occupational therapy at the Newark State School. Before Missionary Society, First Baptist Church, Newark, February 15.
- What occupational therapy can do for the mental defective. Read at annual meeting of American Association on Mental Deficiency, Boston, May 14.

WASSAIC STATE SCHOOL

- Wearne, Raymond G.: A study of the first hundred admissions to Wassaic State School in the year 1935. Before annual meeting of American Association on Mental Deficiency, Boston, May 14.
- Pense, Arthur W.: The problem of the male defective delinquent in the State school. Before annual meeting of American Association on Mental Deficiency, Boston, May 14.
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EDITORIAL COMMENT

THERE IS ALSO AN OPPORTUNITY

That American psychiatry would face a task of unprecedented enormity in the nation's greatest emergency was a fact foreseen and widely discussed months before the attack on Pearl Harbor brought home the reality that we were all the way in the total war. That the job is far greater than the most farsighted expected is daily becoming more and more beyond doubt as the prospects of a long war grow.

Our armed forces, it seems certain, will double in size those of the first World War. We are now inducting men from age groups where the incidence of psychiatric disorders is certain to be far greater than in the groups from which our 1940 and 1941 troops were drawn. We all must know that if psychiatry is not more successful than in the past in barring from the services men who are mentally unfit and emotionally unstable, the billion dollars the United States has spent since 1918 on account of nervous and mental casualties in our World War I fighting forces is likely to seem a mere *pourboire* compared to the future psychiatric costs of the present conflict.

We cannot expect to screen out all the ill-balanced and the unstable. In the January, 1942, issue of the American Journal of Psychiatry, Colonel Stanley, First Corps Area surgeon, is quoted as saying that adequate examination at induction should exclude from the service at least 75 per cent of potential neurological and psychiatric casualties. Perhaps this is the best we can hope for; and perhaps we should not hope for total elimination of all who theoretically are not mentally sound. Some psychopaths make good soldiers. It must not be forgotten that a psychopathic, paranoid paper hanger from Austria appears to have established himself as a military genius of the first rank during the last three years; and some slightly disordered Americans may contribute enough of military value to justify their future costs in psychiatric care. It is a consideration, of course, which does not lessen in the least the obligation of already overburdened psychiatry to detect and bar from the services all the unstable who possibly can be found.

And, as all know, earnest endeavor to meet this obligation is only part of psychiatry's task. With the growing need for all possible labor, in defense industry, readjustment to civilian life of men eliminated from army and navy for psychiatric reasons is a greater need than ever. Before we

were actively at war, it was a problem which demanded solution if national morale were not to be impaired severely. Now, it is a direct threat to production of war matériel as well. It is a matter already under long consideration, chiefly from the point of view of men who—themselves, their families, and all non-medical acquaintances—will regard their psychiatric discharges as stigmata on their characters.

The National Committee for Mental Hygiene has devoted much study to this question of rehabilitation; and the committee on military mobilization of the American Psychiatric Association—of which Dr. Harry A. Steckel, superintendent of the Syracuse Psychopathic Hospital is chairman—has considered the problem. There will be a heavy burden on already overcrowded mental hospitals and clinics, their staffs depleted by war demands for medical officers. But it is less the successful meeting of this burden than the eventual attitude of the rejected and discharged men and of the public toward them which presents the greatest challenge to psychiatry.

In its annual report of July, 1941, The National Committee for Mental Hygiene declared: "Being emotionally unsuited for military service is no reflection whatever on those not accepted in the draft and certainly should not be stigmatized, any more than exclusion for physical reasons, since such persons may contribute quite as importantly to the national defense in civil positions. Here we face archaic beliefs and attitudes concerning mental conditions that still hinder progress in mental health work and that require intensified public education at this time."

Thus, we may summarize psychiatry's huge task. But—the task aside—there is also opportunity. Solution of the problems of the first World War brought an important advance in the position of American psychiatry. The medical and military professions came to regard it as a true science devoted to the recognition and treatment of mental disorders with a contribution to make equal to those of surgery and internal medicine. This was a definite improvement over the oft-expressed feeling that psychiatry was a barren system of diagnosis, indulged in by certain eccentrics who preferred an easy life as specialists for overpampered females or as medical custodians of the raving mad to the hard competition of general practice.

The difficulties of the present emergency *should* offer an even greater opportunity. There *should* be an opportunity to use the knowledge gained by psychiatry in preventing breakdowns of personnel both military and civilian. There *should* be an opportunity to employ psychiatric and psychological knowledge in building morale both military and civilian. There *should* be an opportunity to establish psychiatry further in the mind of the general public, as well as of the medical profession, as a science which offers hope and healing for the troubled mind. And this *should* be an opportunity

to fight for removal of the stigma popularly attached to mental disease, as the stigmata once attached to tuberculosis and cancer have been removed. It *should* offer a chance to teach on a wide scale that mental illness is at least as widespread as physical, that to have a mental illness is no more disgraceful than to have a broken leg, and that mental ills often may be treated successfully and permanently. No reminder should be needed that there is general public misunderstanding and distrust of psychiatry and that this is still shared by a large part of the general medical profession. The present may be the great opportunity in our time to dispel unjustified fear and suspicion and create a healthier public attitude toward mental ills and toward the science which deals with their treatment and has knowledge concerning their prevention.

O

70 YEARS OF SERVICE

Louisa Lee Schuyler was born to a tradition of service and patriotism. Her great-grandfathers fought in the American Revolution. She herself served throughout the Civil War on the United States Sanitary Commission, as great a contribution as a woman of that day could make to the preservation of the Union.

Both family and personal history made it inevitable that when, in June of 1871, Miss Schulyer happened to visit the Westchester Poorhouse and observe the shocking conditions there, she should do something about it. She found there destitute children, dying men and women, cripples, vagrants, prostitutes—and the mentally ill, confined in cells and suffering from cold and hunger. What she did about it was to found, in May of the following year, the State Charities Aid Association, which has become possibly the most useful and active private organization with a philanthropic purpose ever to function in the United States.

New York State owes much to the State Charities Aid Association. The association fought for the establishment of the modern system of civil State hospitals and the Department of Mental Hygiene. It battled to reorganize the State Department of Health and to establish the modern system of county and State tuberculosis sanatoria. The association is largely responsible for development of the present enlightened methods of care and assistance to orphaned and dependent children.

On May 4 of this year, the State Charities Aid Association modestly observed its seventieth anniversary with a luncheon in New York City. A principal speaker was its secretary since 1893, Homer Folks, whose name for nearly 50 years has been synonymous with that of the association he serves. Speakers at the meeting, at which Winthrop W. Aldrich, president

of the association, was chairman, reviewed a history of public service which it would be difficult to parallel, a history beginning with Miss Schuyler's work in the reorganization of Bellevue Hospital and the establishing of the first nurses' training school in America and continuing through Mr. Folks' present work as chairman of the Temporary Commission on State Hospital Problems.

The connection of the association with the Department of Mental Hygiene has been particularly close. The association organized State-wide support for the \$50,000,000 bond issue which resulted in the great building program of the 1920's. It labored for the development of the modern system of parole of mental patients; it has supported for 30 years, through its committees on mental hygiene, positive programs for prevention of mental illness and development of mental health; and it is devoting much energy today to the service of the State's mental institutions in the war emergency.

Speaking at the seventieth anniversary luncheon, Dr. Stanley P. Davies, executive director of the Community Service Society of New York, discussed the first great achievement of the association under Miss Schuyler's leadership. He said, "The exodus of the mentally ill from the poorhouses and county asylums to the kindly and intelligent care and treatment of State hospitals marked the first great step forward in dealing with mental problems. But in a larger sense, the entire exodus of the pitiful conglomeration of suffering humanity from the poorhouse was in the cause of mental health." It is entirely in keeping with that earliest record, and it is in keeping with the purpose of the association to aid the state (or governmental) charities of New York that much of the time of the secretary is now devoted to his work as chairman of the Temporary Commission on State Hospital Problems. Preliminary work by this commission has been under way for months. Mr. Folks made a first and necessarily incomplete report on this work at the April Quarterly Conference; and his remarks appear in the minutes of the Conference as published in this issue of *THE PSYCHIATRIC QUARTERLY SUPPLEMENT*. They would seem to indicate that, as in the past, efforts—through its secretary—of the State Charities Aid Association will again have far-reaching beneficial effects on the State service.

Another important activity of the State Charities Aid Association in the field of psychiatry was marked by the annual meeting of the New York State and the New York City committees on mental hygiene on June 15 in connection with psychiatric screening for military service. The association has been responsible for much of the considerable progress made in mobilizing volunteers for psychiatric examinations before local boards and induction stations. It is testimony to the effectiveness of this endeavor that Colonel Richard H. Eanes and Colonel Samuel J. Kopetzky of the selective service

system, speaking at the June gathering, paid particular tribute to the work of the association in bringing about improved psychiatric examinations for selectees.

Louisa Lee Schuyler is said to have feared that the new organization she founded would become simply another charitable association in the fields of helping individuals in distress; but, as Mr. Folks has put it, "not seeing constantly and seeing whole, the problem of government in these fields as its special field." The record of the present year, no less than any of the 69 before, is full testimony that those fears were unfounded. The group which Miss Schuyler formed with doubts and misgivings has grown into an organization which is a monument to her foresight, her generosity, her greatness of character. And it is not generosity but justice to record, too, that it is a monument not only to Miss Schuyler herself but to worthy successors in an extraordinary and important work, not the least of whom is Homer Folks who has had so much to do with its upbuilding.

THE WAR HAS EFFECTS ON THE SUPPLEMENT

Like *THE QUARTERLY* itself, *THE PSYCHIATRIC QUARTERLY SUPPLEMENT* is feeling the effects of the war. There are increased wartime demands on the time and productive capacity of The State Hospitals Press. Although there is no physical shortage of book paper in this country at present, there was an "artificial" one for some months; the matter of transportation is a complication; and the question of paper promises to be an increasing problem. Members of the editorial board are faced with the growing pressure of other professional problems and of war endeavors.

Under the circumstances, it has been necessary to restrict *THE SUPPLEMENT* in size and to edit its contents drastically. It was the intention a year ago to keep future SUPPLEMENTS about the size of the 1941 volume, which was enlarged considerably over that of the year before. It is now felt that the current volume must be held more nearly to the sizes of those of 1939 and 1940; and further drastic reductions may be necessary in the future.

In the present issue, the news of the State institutions has been necessarily edited with a heavy hand; and the minutes of the Quarterly Conference have been stripped of all non-essentials. The departments of "New Institution Features" and "Noteworthy Occurrences" have been reduced to items which are of the greatest interest to readers throughout the service. If, in spite of this editing, these classes of news still seem to occupy generous space; this is because the minutes of the Quarterly Conference were

originally of unusual length and covered subjects of extraordinary importance, and because—for the first time in a number of issues—all institutions in the Department submitted their news for publication.

It has been found impossible to print in each issue the full lists of personnel now serving with the armed forces, much as the editors might desire to do so. It has been necessary, therefore, to restrict the lists only to those entering the services since the last previous issue was printed excepting only medical officers whose calls to duty may have been omitted from previous issues.

It has continued to be necessary to omit from the reports of addresses, lectures and other educational endeavors, activities repeated by the same staff member from year to year, such as the repetition of medical school courses or the conducting of tours and clinics for groups which are regular institution visitors and customarily have the same instructors. It has now been found necessary also, because of the need to save space, to omit most educational activities within the hospitals themselves, such as the conducting of courses for nurses or the giving of Red Cross first aid instruction to personnel. An endeavor has been made to except unusual activities, such as the preparation and delivery of special lecture courses by one staff member to others or to members of the non-medical personnel.

Readers are asked to remember that greater brevity of reporting does not mean a reduction in educational activities. As all know, the war has greatly increased such activities; with first aid and other emergency training, the educational programs of the institutions are probably greater than at any previous time in their histories.

Readers are also asked to realize that with all good intentions and all practicable endeavors, it is impossible to attain perfect consistency or complete impartiality in reducing number or content of news items. No two institutions submit exactly comparable news items; and with the best effort and intent in editing, it is probable that some will seem to have received better treatment than others. For this, understanding and forbearance are requested.

It is the intent of the editorial board to select news of the widest possible interest to readers and to maintain to the fullest extent THE SUPPLEMENT'S function of keeping an accurate record of Department personnel and activities and of printing technical and scientific articles of the highest standard, whatever present or future difficulties must be overcome.

BOOK REVIEWS

Building Morale. By JAY B. NASH, Ph.D. A. S. Barnes and Company.
New York. 1942. 154 pages. Cloth. Price \$1.00.

This is a timely book, written by the head of the Department of Physical Education and Health, School of Education, New York University. Much is being printed about morale in the military forces and in the civilian population and it is well to know what one talks about when he speaks of it. The meaning of the term is not always the same. The morale of a democracy means a zeal and determination to establish and maintain the rights of a people, to defend and maintain successfully their free institutions. It recognizes the necessity of and the willingness to make sacrifices in carrying out this determination. Incidentally, the possession of such qualities as enthusiasm, courage and teamwork is useful, and is even necessary. These qualities, however, may be present in the bandit or the organizations of the underworld which prey upon society. When one talks of building up morale, one must ask what the object is.

Morale implies teamwork, cooperation among the members of a larger or smaller group, having common objectives which all are seeking to attain. Psychologically, it is the identification of the individual with the cause. Many people working together to establish one or more common objectives are united in this endeavor and identify themselves with each other and with the purpose of the undertaking. The author says that morale must be rebuilt each generation. Morale disappears when the object is no longer important. One of the commonest examples is a hotly contested political campaign. Two groups are united; zeal and enthusiasm are predominant when there is capable leadership and direction. Once the election is over, the individuals resume their ordinary interests and activities and are only nominally, in most cases, identified with one or another party.

Professor Nash has observed that working for a common cause is the readiest method of building morale. The objective must be possible of achievement although it may be difficult so that courage and endurance are essential qualities. It is known how morale was developed among the German youth. They were brought together in youth camps, were told there was important work which they only could do, that the future of the Fatherland depended upon them. They received work to do in common. They were taken on hikes, they engaged in competitive athletic sports. Loyalty to the state was the dominant theme preached to the youths by their elders who were in contact with them and by means of radio talks from national lead-

ers. The theme was always the glorious future which beckoned to Germany and the duty of the youth to emulate the heroes of the nation. The youths were urged to prepare themselves to accomplish great deeds for the glory of the Fatherland. The German morale stressed hatred of enemies, a will to attack and destroy.

In England, where in the beginning of the war morale was as notably lacking as was interest in the war, morale began to develop when the cities were attacked from the air. The people rallied to repel the invaders. Social boundaries began to disappear as did the bickerings and petty quarrels among political parties. All those things were laid aside and the people, under the ringing slogan, "Blood, Toil, Tears and Sweat," became united in a common determination to resist and repel.

Dr. Nash has prepared, in a small compass, a practical and useful manual which should be in the hands of each one who has a part to play in the existing emergency.

Language in Action. By S. I. HAYAKAWA. Harecourt, Brace and Company. 1941. 245 pages. Cloth. Price \$2.00.

Dr. Hayakawa is assistant professor of English in the Illinois-Institute of Technology. This book treats of a subject to which attention on the part of medical writers is long overdue. No one understands better than does a medical editor the limitations of what must be the vast majority of physicians when they attempt to express their ideas in writing. Most of the papers that are read before medical gatherings convey worthwhile messages and the hearers, having the benefit of the readers' gestures, accents and intonations, are usually able to follow the thread of the argument or discourse reasonably well. Yet if a paper is one controversial in nature the number of questions asked from the floor in the discussion period indicates that many misunderstood or failed to understand some parts of it.

A manuscript submitted to an editorial office to be printed requires greater care in its composition. Every medical editor has the experience of being obliged to reject manuscripts which he would like to print if they were reasonably free from grammatical and other errors in composition.

The small volume under review is intended to be helpful to this unfortunate class of would-be medical writers among others. All of the faults referred to above and many others are discussed clearly, and in simple language with many examples; and there are excellent abstracts entitled "Readings" from a variety of approved authors, including Mark Twain, Oliver Wendell Holmes, John Steinbeck and others. The book deserves careful reading and should then be kept on the writing table for reference.

Hangover Square. Or the Man with Two Minds. A Story of Darkest Earl's Court in the Year 1939. By PATRICK HAMILTON. 308 pages. Cloth. Random House. New York. 1942. Price \$2.50.

A war was a filthy idea, thought George Harvey Bone, but "he might be conscripted away from drinks, and smokes, and Netta." "Drunken, lazy, impecunious, neurotic, arrogant, pub-crawling cheap lot of swine—that was what they all were. Including him and Netta." But it was the time of Munich, the last days of the dying truce between world conflicts; and the war came too late to save George or to save Netta, or to save Peter, "curiously evil man" with a "nasty fair face" who looked "not unlike the Philip IV of Velasquez."

Patrick Hamilton's novel is the story of their last days, the last days of shoddy, ineffectual, sometimes vicious people, unimportant in their lives and deaths, psychopaths—and a psychotic. As fiction of modern psychopathology, this book well repays reading and study. Mr. Hamilton observes with clarity and writes with astonishing insight, whether unconscious or acquired intellectually it might be hard to determine.

The author well understands the ambivalence of love and hate, the polarity of submission and aggression. Big, dumb, adoring, cow-like George, as the others saw him, hated Netta Longdon; "she was entirely promiscuous—a sort of prostitute;" but he wanted a "good old cottage in the country—and he wanted Netta as his wife. . . ." He continued to want her, and on any terms, even after—while she was denying herself to him—he caught her in a closet with another man, even after she spent a week-end financed by George and promised to him in an adjoining bedroom with still another man, even after he had exhausted money, strength and unlimited devotion to serve her personal and utterly selfish ends. George's fugues, his "'dead' moods," with the world "a silent film without music" and only a single murderous purpose running through them like a theme, are worth serious study. George also gives illuminating glimpses—and one may wonder if they are intentional—into the psychology of latent homosexuality. Mr. Hamilton perceives, too, essentials of the diseased thought-process. George was in a net, there was a net in Netta's name, there was one in her hair; and he wove a net of thread as clues to a crime to which no clues were needed. It is neat abnormal association.

How conscious love and submission came to an end; how unconscious aggression triumphed; how the ensuing flight to mother-love and security reached its goal are matters which should be told by the novelist, not the reviewer. It seems proper, however, to raise the question of what an American staff meeting might say to the diagnosis suggested by use of the definition of schizophrenia (Black's) which is the novel's foreword. George's

mental state of dual personality seems to be described plausibly enough; the mechanisms are plain and are familiar; and the outcome is relentlessly logical. But one wonders how many of those usually considered to be schizophrenics have prolonged fugues, with their advent signaled by brain "clicks," with complete amnesia following for the somnambulistic episodes, with enough insight during and after them to understand that an abnormal mental process exists, and with unimpaired psychic functioning in the fuge-free intervals. One might be inclined to suggest psychic epilepsy or—in view of the victim's habits—pathological intoxication as equally reasonable labels for his peculiar psychic content.

Play for Convalescent Children in Hospitals and at Home. By ANNE MARIE SMITH. 117 pages. A. S. Barnes and Company. New York. 1941. Price \$1.60.

This book describes an experiment with play for patients in The Children's Memorial Hospital in Chicago, during the period 1932 to 1938. In her foreword, the author states that this experiment was planned to determine the answers to the following questions: "What can be done with a full-time integrated program of play in a children's hospital? Will children respond favorably or are they too ill to care to play? In what situations is group play useful? Will play make the children any happier and more contented than they are without it? Is play a vital factor in the care and treatment of children? Can the nurse's ability to understand and deal with children be increased by a short course in play?" These are questions which must occur at some time to all those whose duties bring them into contact with ill children, and the author's conclusions will be read with interest by nurses, occupational therapists, parents, and all who are interested in the welfare of children.

In the chapter, "New Attitudes in Using Play," the author discusses the treatment of the whole child in the hospital situation and brings out the value of play as "preventive medicine" and as treatment for problem behavior. Another chapter is a discussion of the value of play as a socializing agent through the use of group games, singing, etc. The chapter on organization and administration is very clearly written and could almost serve as an outline for any hospital desiring to incorporate training in play in its program of training for nurses.

Under the heading, "Play Activities and Their Use," there are suggestions for using play with newly-admitted children, with those about to undergo operations, with those with prolonged illnesses, and with convalescent children. The author also mentions types of games which have been found

useful with each group. There are practical suggestions as to the types of toys and other play material that relatives and friends should bring to amuse a sick child. The author gives a most interesting description of an exhibit on display in the waiting room of the hospital. It consisted of toys and games that could be bought at little expense or made from materials found in most homes. An attending nurse explained it to waiting visitors and demonstrated the games with children who were present in the waiting room. The last chapter answers the reader's question, "Where can one find these things?" It gives lists of games, puzzles, etc., and names books where they may be found.

The book answers the author's opening questions quite satisfactorily and is a welcome addition to the literature of nursing and occupational therapy, but nurses in children's hospitals will hope that a later edition may contain more specific instruction for the nurse, as all do not have access to the books listed.

Insults. A Practical Anthology of Scathing Remarks and Acid Portraits.

Edited by Max Herzberg. 249 pages with index. Cloth. The Grey-stone Press, Inc. New York. 1941. Price \$2.00.

This little collection of socially acceptable oral aggression will probably find its greatest use as an alternate source to Joe Miller's joke book as an anthology of after-dinner wit. There will be opportunity for many a variation on Lord Birkenhead's characterization of Sir Samuel Hoare as "descended from a long line of maiden aunts;" and the psychiatric profession is likely to hear increasing repetitions of Keith Preston:

"The alienist is not a joke:

"He finds you cracked, and leaves you broke."

Aside from its convenience as a reference work for speakers on mental hygiene in the national emergency, students and workers in psychiatry in general will find much of interest in this compilation. Perhaps unfortunately for professional purposes, the editor deliberately excluded insults which he felt were in the fields of scatology and blasphemy, although he quotes Swinburne's description of Emerson as a ". . . coryphaeus or choragus of his Bulgarian tribe of autocoprophagous baboons, who make the filth they feed on," a characterization which might have made an excellent introduction to the more common English terms of scatological insult, if strict social acceptability were not the standard of selection. As it is, such things as what Marshal Ney said at Waterloo and the nonverbal

reply of the Egyptian pretender to a Persian demand for surrender are among many historic insults for which such a polite publication could find no place.

The student will find of particular interest the many ingenious and polite ways found by courtiers, statesman and others for the draining off of anxiety by suave belittling of the great. Variety in denying the existence of castration possibilities appears to be endless.

Sex Education in High Schools. By JOHN NEWTON BAKER. 155 pages, with appendices including outlines of specimen courses, bibliography and index. Cloth. Emerson Books, Inc. New York. 1942. Price \$2.00.

So much has been written during the last two decades on the subject of sex education that it may come as something of a surprise to many professional workers to realize how little has actually been done in this field. With discussion general and recognition of the need seemingly so, it is rather unexpected to find Mr. Baker reporting that the educational authorities of 27 states pay little or no attention to, that is, virtually disregard, the problem of sex education in high schools; while nine permit what might be called local option in the matter, allowing school district authorities to do as they please; and only 10, in which it is a pleasure to note that New York is numbered, have either established or encouraged State-wide courses in the subject.

Mr. Baker, who is assistant professor of sociology at Virginia Polytechnic Institute has made a thorough survey, by letter, questionnaire and review of the literature, of high school sex education as it is and isn't taught. His book apparently is addressed primarily to educators and parents, for he includes a short summary of well known arguments as to the necessity for this sort of education, the reason it must be the present responsibility of schools, rather than of parents or churches, and the general objectives to be sought in planning courses. In this connection, he quotes Valeria H. Parker on the results of an invitation to junior high school students to present anonymously questions they would like to have answered about sex: "After somebody else gets the syphilis from you does it leave you or stay with you? . . . How do you go about asking your wife if you would like to have some children in the family? . . . Can you have sexual intercourse without giving the girl a baby?" Apparently the gutter school of sex education is less informative than it is generally cracked up to be. And very evidently—as all psychiatric workers know—the need for accurate information exists long before the age of attending high school.

But if high school sex education is the best we can hope to have before the coming of a generation in which parents, religious leaders and educators alike can agree on the necessity and means for elementary school and pre-school sex instruction, Mr. Baker's survey seems a basic work on which to found further progress. The appendix devoted to "typical courses" outlines some which are obviously excellent, for example that developed by Mary E. Bowen at the Vocational High School, Syracuse. Descriptions of others indicate that many schools have a far longer road to go before anything resembling satisfactory instruction can be regarded as reached. It is of psychiatric interest that many courses bear such titles as "Family Relations" and "Premarriage Instruction," carefully avoiding that horrid word, sex.

Mr. Baker's subject is, of course, as important to mental hygiene and psychiatry as to social hygiene and sociology, and psychiatric workers will find his book both instructive and interesting.

Attacking on Social Work's Three Fronts. By SHELBY M. HARRISON. 30 pages. Paper-covered pamphlet. Russell Sage Foundation. New York. 1942. Price 15 cents.

This is the presidential address delivered by Dr. Harrison, who is general director of the Russell Sage Foundation, at the meeting of the National Conference of Social Work in New Orleans in May. It is the most comprehensive short summary this reader has seen of the position of social work in America at war. The "three fronts" which Dr. Harrison sees are: first, direct participation in the immediate war program; second, day-by-day performance of essential civilian duties; third, postwar construction.

Dr. Harrison's concise orientation of the profession in relation to the "three fronts" should be valuable to any worker in the field.

Understanding Yourself. The Mental Hygiene of Personality. By ERNEST R. GROVES. 279 pages with appendix of suggested readings. Cloth. Emerson Books, Inc. New York. 1941. Price \$2.50.

This is a revised edition of a work which Prof. Groves first published in 1935 and which had, at that time, a generally favorable reception. It can be recommended now, as then, as a clear, nontechnical exposition for popular understanding of currently accepted views concerning the general structure of the psyche and the principles of mental hygiene.

Professor Groves writes interestingly and writes simply. From this book, the general reader can acquire an excellent idea of the foundations of personality in bodily equipment, cultural heritage and individual experience. The unconscious is discussed in terms which any educated person should be

able to understand; and Professor Groves illustrates its workings with amusing examples, one from his own experience—an incident which led him to “enter a different type of teaching”—when he discovered he had thrown a pile of uncorrected English themes into a wastepaper basket and covered them with other papers. Considering the vast amount of research which by now has been done on the unconscious, the author seems unduly cautious in concluding that none of the “conflicting interpretations” of unconscious phenomena is “thoroughly established;” but no serious fault can be found with his conclusion that “happiness requires a positive program that extends conscious control to its utmost and develops a mental integrity that offers no opportunity for discordant repression.” It might have been well had the author stated explicitly that neither his nor any other currently available work in the field promises to help the reader greatly in enlarging his conscious at the expense of the unconscious—a long and painful process which requires highly expert professional guidance.

The present reviewer cannot improve upon the conclusion of *THE PSYCHIATRIC QUARTERLY*'s reviewer of Professor Grove's earlier edition, that it is “a safe book to recommend to any intelligent adult and many will no doubt find it helpful and inspirational.”

NEWS AND COMMENT

THREE SUPERINTENDENTS ARE APPOINTED

Three new superintendents of State hospitals were appointed by Commissioner Tiffany between January 1 and July 1 of this year. Dr. Arthur E. Soper, first assistant physician at Pilgrim State Hospital, became superintendent of Kings Park State Hospital on January 15; Dr. Hugh S. Gregory, first assistant physician at Creedmoor State Hospital and acting medical inspector, became superintendent of Binghamton State Hospital on July 1; and Dr. Christopher Fletcher, first assistant physician of Buffalo State Hospital and acting superintendent of that institution, became superintendent at Buffalo, July 1.

Biographical notes and a photograph of Dr. Soper were published in the April *PSYCHIATRIC QUARTERLY*; and a biography and picture of Dr. Gregory were published in the July *QUARTERLY*. Dr. Fletcher's appointment was announced after the July *QUARTERLY* was already off the press; and his illustrated biography will appear in the October *QUARTERLY*. Dr. Fletcher had been acting superintendent at Buffalo since January, 1941, and had previously served that institution in the same capacity on several occasions since he became first assistant physician there in 1924. Dr. Fletcher was graduated from Tufts College Medical School in 1906 and has been in the State hospital service for a total of more than 33 years. Both Dr. Gregory and Dr. Fletcher entered their psychiatric careers at St. Lawrence State Hospital.

Succeeding Dr. Gregory as acting medical inspector, Dr. James P. Kelleher, first assistant physician at Hudson River State Hospital, was appointed to the inspectorate position by Commissioner Tiffany. This appointment was effective June 15.

DR. POLLOCK BECOMES ASSOCIATION HEAD

The New York State Department of Mental Hygiene was honored in the person of Horatio M. Pollock, Ph.D., director of mental hygiene statistics, when he became president of the American Association on Mental Deficiency at the annual meeting in Boston in May. Many Department members took an active part in the three-day program; and a Department member, Edward J. Humphreys, M. D., of Letchworth Village was again chosen editor of the *American Journal of Mental Deficiency*.

NEW MENTAL HYGIENE PAMPHLETS

The New York State Department of Mental Hygiene has reprinted three important pamphlets relating to mental hygiene and the war. The pamphlets are entitled "Anxiety and Its Control," "Fatigue and Its Control," and "Morale and Its Control." They were prepared by the military mobilization committee of the American Psychiatric Association and are intended for distribution to groups engaged in mental hygiene activities associated with war work or civilian defense; also, to individuals engaged in mental hygiene work. Requests for the pamphlets should be sent to the Department of Mental Hygiene, Albany. At present no charge will be made for the pamphlets, but those requesting them should specify their reasons for desiring them.

"Self-Discipline in War Time," one of a new series of pamphlets published jointly by the Massachusetts Department of Mental Health and the Massachusetts Society for Mental Hygiene, is one of the latest and simplest texts to appear for general use in connection with encouraging civilian morale. It is presented in unusually readable language, and illustrated with pen and ink cartoons. The Massachusetts society also announces the availability of leaflets on "The Nervous Child," by Douglas A. Thom, M. D., "When Does a Patient Need Treatment in a Mental Hospital?" by Clarence A. Bonner, M. D., and "The Right Attitude Toward Mental Illness," by Charles E. Thompson, M. D. Single copies of these may be obtained without charge by application to the society, 3 Joy Street, Boston.

Prepared for members of the American Psychiatric Association and now ready for distribution by the committee on public education, which is headed by C. C. Burlingame, M. D., is "Notes on Civilian Morale—No. 2." Intended primarily for the use of association members in written articles, speeches and radio talks, these second "Notes" are on a multigraphed sheet giving in the briefest possible compass the outlines of essential factors and activities for the building of strong civilian morale.

DEATHS OF DR. BERNSTEIN AND DR. GARVIN

American psychiatry lost one of its outstanding figures in the death on June 13 of Charles Bernstein, M. D., for nearly 38 years superintendent of the Rome State School and a pioneer in the modern, humane treatment of the mentally defective. An editorial tribute to Dr. Bernstein, with an appraisal of his work, appeared in the July issue of *THE PSYCHIATRIC QUARTERLY*. A brief biography is published in this issue of *THE SUPPLEMENT* in the section, noteworthy occurrences, under the heading of Rome State School (page 318).

The Department of Mental Hygiene lost another superintendent whose career had been marked by progressive and pioneer work—in his case in the provision of special facilities for the care and treatment of mentally ill children—in the death of Dr. William C. Garvin of Binghamton on April 3. A biographical sketch of Dr. Garvin appeared in the July *PSYCHIATRIC QUARTERLY*, and memorial tributes to him are published in this issue of *THE SUPPLEMENT* (pages 241, 243).

BOOKS OF INTEREST TO PSYCHIATRIC WORKERS

A number of books of interest to psychiatric social workers, psychologists and other members of the nonmedical personnel of the State hospital service were reviewed in the July and April numbers of *THE PSYCHIATRIC QUARTERLY*.

Of particular interest to psychologists are reviews in the July issue of "Twelve Decisive Battles of the Mind," a dynamic study of the processes and history of propaganda; "The Rorschach Technique," by Bruno Klopfer, Ph.D., and Douglas McGlashan Kelley, M. D., "The Clinical Application of the Rorschach Test," by Ruth Bochner, A. M., and Florence Halpern, A. M., and "Psychodiagnostics," by Hermann Rorschach, two important contributions to a valuable diagnostic technique and the first authorized English translation of the original work of its developer; "The Measurement of Adult Intelligence," by David Wechsler, the second edition of an important text; "The Clarks," by William D. Mangam, a study of a famous and successful psychopathic family; "Foundations for a Science of Personality," by Andras Angyal, M. D., an important new study of personality; "General Psychology," by R. B. Cattell, an unusually readable textbook; and "Handwriting Analysis," by Thea Stein Lewinson and Joseph Zubin, a study of a little-known method of personality analysis and investigation.

Of more general interest are reviews of "A History of Medical Psychology," by Gregory Zilboorg, M. D., the first comprehensive and satisfactory history of this subject; "Escape from Freedom," by Erich Fromm and "The Crisis of Our Age," by Pitirim A. Sorokin, two important analyses of the present breakdown of civilization, written from widely varying points of view; and "Henry Ward Beecher," by Paxton Hibben, the biography of an outstanding psychopath—all in the April issue. Of similar general interest in the July number are reviews of "America's Last King," by Manfred S. Guttmacher, M. D., a study of the little-known manic-depressive psychosis of George III and the first history ever written in English by a

psychiatrist about a mad monarch; and "The Eclipse of a Mind," by Alonso Graves, the autobiography of a newspaper man who had considerable insight into his seven manic episodes.

Articles of unusual interest to psychologists and social workers include "Treatment of Speech Defects in a State School," by Jacob Sirkin, M. D., and William S. Lyons, B. S., and "Without Psychosis—Chronic Alcoholism," by Carl A. Whitaker, M. D., in the April issue; and "On the Rorschach Method of Personality Analysis," by Zygmunt A. Piotrowski, Ph.D., in the July number.

RED CROSS APPEALS FOR PSYCHIATRIC SOCIAL WORKERS

The American Red Cross reports an urgent need for psychiatric social workers to serve with the armed services at home and abroad. The Red Cross is responsible for psychiatric social worker personnel in army and naval general and station hospitals and in naval and marine corps training stations. The Red Cross announcement notes that workers are needed for the psychiatric services in these hospitals and units and may also be used as field directors in general hospitals and assistant field directors in station hospitals.

The responsibility of the psychiatric social worker in these assignments may include preparation of psychiatric social histories and arrangements for rehabilitation after the discharge of patients for psychiatric reasons, through correspondence with Red Cross Chapters in their home communities. Salaries range from \$150 to \$225 a month, depending on "the qualifications of the worker and her responsibilities." For foreign assignments, the salary is \$225, plus \$45 a month for maintenance, transportation and insurance. The Red Cross has not made public any estimate of numbers required, noting that the figure will depend on "military developments."

Applications for foreign service should be addressed to the Director of Personnel, American National Red Cross, Washington; and, in the eastern part of the United States, applications for domestic service, to the Director of Personnel, Eastern Area, American Red Cross, 615 North Asaph Street, Alexandria, Va.

MINIMUM STANDARDS FOR PSYCHIATRIC SOCIAL WORKERS

A statement of minimum standards for positions in psychiatric social work in mental hospitals has been made public as prepared by a joint committee of the American Psychiatric Association and the American Association of Psychiatric Social Workers.

The statement defines minimum education and experience for a psychiatric social worker—whose duties may include case work under supervision in hospital or clinic, or with parole patients; the presentation of cases in staff conferences; assistance in training and educational programs; and the writing of articles and reports—as graduation from a recognized college or university course with a bachelor's degree, supplemented by graduation from a two-year graduate course in an accredited school of social work, with specialization in psychiatric social work. If graduate social work studies have not included specialization in psychiatric social work, six months supervised experience is required as equivalent to the specialized school training. Given such experience, a "satisfactory equivalent combination" of educational requirements is acceptable. The statement lists usual salaries for this position as \$1,200 to \$1,800 a year, with maintenance, \$1,800 to \$2,400 without, variations depending on location and relative living costs.

For senior psychiatric workers, who, the report suggests, may act as heads of social service departments in place of "chiefs" or "directors" when "the department staff, including students supervised, is relatively small," the basic educational requirements are as given for psychiatric social workers. Experience requirements for those with specialized graduate training may be "at least one year of satisfactory, full time, paid experience in a psychiatric hospital, a psychiatric department of a hospital or a psychiatric or child guidance clinic, six months of this experience to have been in a supervisory capacity." Substitution for the experience requirement may be allowed and may include two years of nonpsychiatric social case work instead of one year of specialized work, with one year in a supervisory capacity, if graduate school courses specialized in psychiatric social work; two years of psychiatric social work, with a year's supervisory experience if graduate work was not specialized; and three years of social case work, with a year's supervisory experience if neither graduate study nor experience was in the field of psychiatry. As in the case of social workers, a satisfactory equivalent combination of requirements is acceptable; and pay ranges are estimated at \$1,900 to \$2,400 annually with maintenance and \$2,500 to \$3,000 without.

Minimum requirements for chief or director of psychiatric social work are the same educational qualifications specified for the lower grades, but at least four years of post-graduate social service work is required; with from two to four years in psychiatric social work, depending on whether this was a graduate school specialty; and with at least a year of supervisory experience. Duties of this position include, besides case work, much educational and supervisory activity. Salaries are estimated at \$2,400 to \$3,000 with maintenance, \$3,000 to \$3,600 without.

The report of the joint committee emphasizes that the qualifications recommended are a minimum, requiring the "essentials of professional training" but drawn up with minimum standards of experience in view of "the present difficulty in finding professionally trained psychiatric social workers to administer large social service departments of mental hospitals." Miss Hester B. Crutcher, director of psychiatric social work for the New York State Department of Mental Hygiene served as a member of the joint committee.

Persons wishing more exact and detailed information should consult the mimeographed committee report. The July "Psychoanalytic Review" is among the publications which have reprinted it in full.

SERVICE ADDRESSES ARE REQUESTED

A request, made at the direction of the Department and already noted in the July *QUARTERLY* is hereby repeated for the last-known mailing addresses of personnel in the armed services who are entitled to copies of *THE PSYCHIATRIC QUARTERLY SUPPLEMENT*.

To insure that these Departmental officers and employees receive *THE SUPPLEMENT* in future—and in compliance with instructions from the United States Post Office Department—the publications will be mailed second class from Utica to last-known addresses, with the army or navy assuming responsibility for deliveries from those points.

Last-known addresses for persons already in the services should be submitted to The State Hospitals Press, Utica State Hospital, at once; addresses for those who may be called in the future at the times they leave for service.

TWO EDITORS ARE IN ARMY SERVICE

Two associate editors of *THE PSYCHIATRIC QUARTERLY* and *THE PSYCHIATRIC QUARTERLY SUPPLEMENT* are now on active duty in the Medical Corps of the United States Army. Dr. Duncan Whitehead was called to duty as a captain in May, 1941, promoted to major several months later, and promoted recently to lieutenant colonel. Dr. James N. Palmer has just left for duty as a first lieutenant.

GENERAL STATISTICAL INFORMATION RELATING TO STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JULY 1, 1942

Patient population:

Civil State hospitals:

In hospitals	73,159
In family care	1,256
On parole	8,677
	<hr/> 83,092

Dannemora and Matteawan 2,787

Licensed institutions for mental disease *5,667

Institutions for mental defectives:

In institutions proper	13,750
In colonies	1,560
In family care	598
On parole	2,236
	<hr/> 18,144

Licensed institutions for mental defectives *519

Institutions for defective delinquents 1,862

Craig Colony for epileptics 2,514

Total *114,585

Certified capacity of civil State hospitals 63,444

Certified capacity of Dannemora and Matteawan 2,457

Certified capacity of institutions for mental defectives..... 11,713

Certified capacity of Craig Colony for epileptics 1,990

Medical officers in civil State hospitals 376

Medical officers in Dannemora and Matteawan 13

Medical officers in institutions for mental defectives 49

Medical officers in Craig Colony for epileptics 12

Employees in civil State hospitals 15,581

Employees in Dannemora and Matteawan 835

Employees in institutions for mental defectives 2,837

Employees in Craig Colony for epileptics 461

*Subject to correction.

MOVEMENT OF EMPLOYEES IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1942

GENERAL STATISTICAL INFORMATION

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State hospitals	In service July 1, 1941			Engaged			Left service			In service June 30, 1942			Vacancies June 30, 1942			Number of patients, excluding paroles, June 30, 1942, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employee	Employee
Binghamton	16	393	260	3	177	77	4	185	87	15	385	250	2	29	23	188.5	7.3	4.4
Brooklyn	26	703	260	14	534	112	8	440	98	32	797	274	3	..	27	106.3	4.3	3.1
Buffalo	11	309	208	1	288	58	11	312	208	5	14	17	226.2	8.0	4.7			
Central Islip	31	941	358	14	482	114	17	547	119	28	876	353	16	242	67	261.1	8.3	5.8
Creedmoor	25	648	326	1	473	146	4	496	164	22	625	308	5	57	37	209.6	7.4	4.9
Gowanda	12	311	213	4	183	61	3	218	70	13	276	204	2	74	29	190.0	8.9	5.0
Harlem Valley	17	626	288	6	429	134	7	465	155	16	590	267	8	70	33	289.9	7.9	5.3
Hudson River	24	646	402	3	354	90	3	383	110	24	617	382	4	62	33	194.9	7.6	4.6
Kings Park	27	842	444	10	570	149	8	633	167	29	779	426	12	167	95	220.6	8.1	5.1
Manhattan	19	408	326	1	242	62	1	208	83	19	442	305	3	63	42	164.2	7.1	4.1
Marcy	15	334	260	3	293	98	3	293	126	15	334	232	1	31	33	170.7	7.7	4.4
Middletown	17	471	238	1	233	39	..	229	42	18	475	235	3	45	19	195.4	7.4	4.8
Pilgrim	39	1,293	471	17	780	267	17	1,095	293	39	978	445	13	356	163	232.2	9.3	6.2
Psy. Inst. and Hosp. ..	13	85	161	9	28	39	10	42	44	12	71	156	8	16	8	12.3	2.1	0.6
Rochester	16	453	201	1	195	35	2	225	41	15	423	195	3	60	28	212.1	7.5	5.0
Rockland	34	949	439	10	993	217	10	990	236	34	862	420	5	196	54	204.8	8.1	5.3
St. Lawrence	10	309	229	1	177	34	2	183	31	9	303	232	7	24	12	230.9	6.9	3.8
Syracuse Psycho. Hosp.	4	56	24	..	42	6	1	47	6	3	51	24	1	7	2	13.0	0.8	0.5
Utica	12	258	220	1	183	59	1	193	64	12	248	215	1	32	17	153.1	7.4	3.9
Willard	13	413	287	1	165	95	4	217	113	10	361	269	7	103	38	309.1	8.6	4.8
Total	381	10,448	5,615	101	6,734	1,892	106	7,377	2,107	376	9,805	5,400	109	1,048	777	205.6*	7.7*	4.9*

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1942, AS REPORTED BY SUPERINTENDENTS
AND STATEMENT OF CAPACITY AND OVERCROWDING JUNE 30, 1942

State hospitals	Census, July 1, 1941	Admissions			Discharges							Census, June 30, 1942	Certified capacity	Overcrowding			
		First admissions	Readmissions	Transfers	Total	Recovered	Much improved	Improved	Unimproved	Not insane	Died			Transferred	Total		
																Number	Per cent
Binghamton	3,049	405	104	5	514	123	87	45	10	18	219	7	509	3,054	2,391	359	15.1
Brooklyn	4,395	2,606	532	10	3,148	385	342	312	37	1	906	1,072	3,055	4,488	2,603	798	15.1
Buffalo	2,699	535	140	15	690	109	77	50	32	5	235	40	548	2,841	1,942	515	26.5
Central Islip	8,191	1,067	325	110	1,502	291	336	106	49	13	478	201	1,474	8,219	6,443	753	11.7
Creedmoor	5,097	939	210	16	1,165	283	133	88	26	10	437	53	1,030	5,232	3,904	707	18.1
Gowanda	2,752	414	122	23	559	136	79	45	30	20	176	13	499	2,812	2,228	139	6.2
Harlem Valley	4,822	380	105	157	642	44	101	81	20	9	253	18	526	4,938	3,972	536	13.5
Hudson River	4,781	441	212	248	901	122	85	80	21	14	367	21	710	4,972	4,131	418	10.1
Kings Park	6,867	869	274	239	1,382	178	300	74	19	5	332	105	1,013	7,236	5,390	1,002	18.6
Manhattan	3,062	1,458	132	6	1,596	232	75	75	35	1	744	50	1,212	3,446	3,119	....	...
Marcy	2,863	534	108	27	669	88	132	63	35	36	286	19	659	2,873	2,140	349	16.3
Middletown	3,533	234	110	257	601	74	39	47	41	8	201	16	426	3,708	2,780	548	19.7
Pilgrim	10,008	1,247	287	164	1,698	487	252	87	44	15	752	47	1,684	10,022	7,831	1,141	14.6
Psy. Inst. and Hosp.	154	241	57	2	300	71	77	70	74	5	...	2	299	155	210	—63	...
Rochester	3,367	475	111	9	595	79	76	64	13	17	240	8	497	3,465	2,740	404	14.7
Rockland	7,874	1,293	384	35	1,712	280	372	323	56	31	475	35	1,572	8,014	5,768	1,134	19.7
St. Lawrence	2,225	299	84	3	386	131	31	26	23	3	156	7	377	2,234	1,721	270	15.7
Syracuse Psy. Hosp.	66	531	161	1	693	92	57	117	87	123	19	225†	720	39	60	—21	...
Utica	2,078	379	113	16	508	96	106	62	14	41	192	23	534	2,052	1,552	223	14.4
Willard	3,068	300	89	273	662	59	80	57	15	17	204	6	438	3,292	2,519	503	20.0
Total	80,951	14,647	3,660	1,616	19,923	3,360	2,837	1,872	681	392	6,672	1,968	17,782	83,092	63,444	9,799*	15.5*

*Excluding Psychiatric Institute and Hospital and Syracuse Psychopathic Hospital.

†Committed to other institutions.

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED
JUNE 30, 1942

State institutions	In service July 1, 1941			Engaged			Left service			In service June 30, 1942			Vacancies June 30, 1942			Number of patients, excluding paroles, June 30, 1942, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
State Schools for Mental Defectives:																		
Letchworth Village	14	500	205	2	419	52	2	420	44	14	499	213	2	10	18	298.7	8.4	5.8
Newark	8	299	172	1	126	39	1	116	39	8	309	172	1	22	12	329.0	8.5	5.4
Rome	9	494	202	3	138	58	4	151	51	8	481	209	6	30	31	442.3	7.4	5.1
Syracuse	6	132	127	..	37	19	..	33	17	6	136	129	..	13	8	160.7	7.1	3.6
Wassaic	12	524	213	1	374	74	..	455	90	13	443	197	1	139	40	353.2	10.4	7.0
Total	49	1,949	919	7	1,094	242	7	1,175	241	49	1,868	920	10	214	109	324.7	8.5	5.6
Craig Colony for Epileptics..	12	290	209	..	110	33	..	151	42	12	249	200	1	71	19	192.7	9.3	5.0

GENERAL STATISTICAL INFORMATION

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED JUNE 30, 1942, AS REPORTED BY SUPERINTENDENTS AND STATEMENT OF CAPACITY AND OVERCROWDING JUNE 30, 1942

State institutions	Census, July 1, 1941	Admissions				Discharges						Census, June 30, 1942	Certified capacity	Overcrowding in institutions		
		First admissions	Readmissions	Transfers	Total	Improved	Unimproved	Not mentally defective	Not epileptic	Died	Transferred			Total	Number	Per cent
State Schools for Mental Defectives:																
Letchworth Village	4,556	487	72	4	563	200	109	41	..	65	3	418	4,701	3,178	797	25.1
Newark	3,188	183	22	9	214	92	74	6	..	50	2	224	3,178	1,874	351	18.7
Rome	3,918	210	29	2	241	109	48	..	..	49	3	209	3,950	2,440	133	5.5
Syracuse	1,362	84	1	..	85	88	7	..	..	2	..	97	1,350	677	—101	...
Wassaic	4,895	417	28	5	450	244	53	5	..	75	3	380	4,965	3,544	857	24.2
Total	17,919	1,381	152	20	1,553	733	291	52	..	241	11	1,328	18,144	11,713	2,037	17.4
Craig Colony for Epileptics..																
	2,568	205	16	..	221	70	99	106	..	275	2,514	1,990	322	16.2

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